(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 13) ADJ Sheet Metal, Inc.						ADDRESS 4510 Graphics Drive White Plains, MD 20695													
PAYROLL NO. FOR WEEK ENDING 1.0 06/05/2016					[	PROJECT AND LOCATION Design/Build of Historic Center Building, Phase 2 Washington, DC  PROJECT OR CONTRACT NO. G14.313-1400/GS-11P-14-MM-C-0						M-C-0011							
(1)	(2) SNIOTK	(2) (3) (4) DAY AND DATE (5) (6) (					(7)	(8) * Othe DEDUCTIONS				Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions							
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,		31 OURS W	1 2 /ORK		H DA	5 Y	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
(b) (6)			0	0	0	0	0 0	8.00	0	8.00	61.18 0.00	489.44 2134.83	130.52				1) 2) 0.00 3) 170.83		

Other Deduction Detail: Union Dues: 150.83, 401K; 20.00

Date June 30th, 2016	(A) VALLEDE EDINICE DENIETITS ADE DAID IN CASU
1 O 117	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Sheri Hill Payroll Supervisor (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) on the	(c) EXCEPTIONS
(Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
30th day of May , 2016 , and ending the 5th day of June , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) from the full (Contractor or Subcontractor)	
,	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Local Tax, Medicare, State Tax, 401K, Union Dues	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Payroll #1
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Sheri Hill, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date June 30th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Sheri Hill Payroll Supervisor (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:  (1) That I pay or supervise the payment of the persons employeed by	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) on the (Contractor or Subcontractor)  Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)  6th day of June, 2016 , and ending the 12th day of June, 2016 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	(c) EXCEPTIONS
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	y
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprentice program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	eship
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been	Sheri Hill, Payroll Supervisor (b) (6)
or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	

Date <u>June 30th, 2016</u>	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
L. Obard IVII	(b) WHERE PRINGE BENEFITS ARE PAID IN CASH
I, Sheri Hill Payroll Supervisor (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employeed by	
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC)  on the	(c) EXCEPTIONS
(Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
13th day of June , 2016 , and ending the 19th day of June , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) from the full	
(Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	DELIVOR
	REMARKS  Contract #GS-11P-14-MM-C-0011, ,Payroll #3Payroll #3 - No Work Performed
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Sheri Hill, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date June 30th, 2016	(b) WHERE F	FRINGE BENEFITS ARE PAID I	N CASH
I, Sheri Hill Payroll Supervisor	(5)		
(Name of Signatory Party) (Title)			ed in the above referenced payroll has been paid, as nount not less than the sum of the applicable basic
do hereby state:		hourly wage rate plus the amo	ount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	( ) EVOEDTI	contract, except as noted in So	ection 4(c) below.
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) on the	(c) EXCEPTION	JNS 	
(Contractor or Subcontractor)			
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)			
20th day of June , 2016 , and ending the 26th day of June , 2016			
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said			
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) from the full			
(Contractor or Subcontractor)			
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	REMARKS		
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.		1P-14-MM-C-0011, ,Payroll #4F	Payroll #4 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.			
(4) That:			
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:		SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Sheri Hill, Payro	oll Supervisor	(b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.		TO CIVIL OR CRIMINAL PROSECUTION.	/ /E STATEMENTS MAY SUBJECT THE CONTRACTOR OR . SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

Date July 6th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Sheri Hill Payroll Supervisor (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:  (1) That I pay or supervise the payment of the persons employeed by	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) on the (Contractor or Subcontractor)  Design/Build of Historic Center Building,; that during the payroll period commencing on the Phase 2 (Building or Work)  27th day of June, 2016 , and ending the 3rd day of July, 2016 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	(c) EXCEPTIONS
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	Contract #GS-11P-14-MM-C-0011, Payroll #5 - No Work Performed
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	Sheri Hill, Payroll Supervisor  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date <u>July 14th, 2016</u>	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Sheri Hill Payroll Supervisor (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:  (1) That I pay or supervise the payment of the persons employeed by	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) on the (Contractor or Subcontractor)  Design/Build of Historic Center Building,; that during the payroll period commencing on the Phase 2 (Building or Work)  4th day of,	(c) EXCEPTIONS
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprentices program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been	Sheri Hill, Payroll Supervisor (b) (6)
or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date July 20th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Sheri Hill Payroll Supervisor (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:  (1) That I pay or supervise the payment of the persons employeed by	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) on the (Contractor or Subcontractor)  Design/Build of Historic Center Building,; that during the payroll period commencing on the Phase 2 (Building or Work)  11th day of July, 2016 , and ending the 17th day of July, 2016  all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	(c) EXCEPTIONS
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	REMARKS Contract #GS-11P-14-MM-C-0011, Payroll #7 - No Work Performed
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	Sheri Hill, Payroll Supervisor  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date July 27th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Sheri Hill Payroll Supervisor (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:  (1) That I pay or supervise the payment of the persons employeed by	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) on the (Contractor or Subcontractor)  Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)  18th day of July , 2016 , and ending the 24th day of July , 2016  all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	(c) EXCEPTIONS
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) from the full (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11P-14-MM-C-0011, Payroll #8 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Sheri Hill, Payroll Supervisor  (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date August 4th, 2016	(b) WHERE EDINGE DENIETTS ARE DAID IN CASH
1 O 110	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Sheri Hill Payroll Supervisor (Title)  (Name of Signatory Party)	- Each laborer or mechanic listed in the above referenced payroll has been paid, as
do hereby state:	indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.
	(c) EXCEPTIONS
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) on the  (Contractor or Subcontractor)	
,	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
<u>25th</u> day of <u>July</u> , <u>2016</u> , and ending the <u>31st</u> day of <u>July</u> , <u>2016</u>	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) from the full	
(Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly	
from the full wages earned by any person, other than permissible deductions as defined in Regulations,	
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
Stat. 940, 65 Statt. 106, 72 Stat. 967, 76 Stat. 357, 40 0.5.C. § 5145), and described below.	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are	Contract #GS-11P-14-MM-C-0011, Payroll #9 - No Work Performed
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the	
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	
·	
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and	
Training, United States Department of Labor, or if no such recognized agency exists in a State, are	
registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been	Sheri Hill, Payroll Supervisor (b) (6)
or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date August 11th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Sheri Hill Payroll Supervisor	
I, Sheri Hill Payroll Supervisor (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) on the	(c) EXCEPTIONS
(Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
1st day of August , 2016 , and ending the 7th day of August , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
ADJ Sheet Metal, Inc. (a sub of Kirlin Mid-Atlantic LLC) from the full	
(Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11P-14-MM-C-0011, Payroll #10 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Sheri Hill, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 13) Atlantic Refinishing & Restoration, Inc.							ADDRESS 2320 Old Washington Road Waldorf, MD 20601										
PAYROLL NO. 41.0							PROJECT AND LOCATION Design/Build of Historic Center Building, Phase 2 Washington, DC							PROJECT OR CONTRACT NO. G14.313-1400/GS-11P-14-MM-C-0011			
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS (2)	(3) WORK	ե	(4) DAY AN	U FRI SA		(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions -	1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES	
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,	30 31 1 2 HOURS WORKE			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.	
Pedro A. Alvarez	1	Laborer: Common/General	D O S	0 0 0	0 0	0 0 0 0 0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 18.00 0.00	576.00 576.00	35.72	59.00	25.53	8.36	1) 0.00 2) 0.00 3) 0.00	100.61	447.39 31644	
Jose C. Arevalo	3	Bricklayer	D O S	0 0 0	0 0	0 0 0 0	0.00 0.00 24.00	0.00 0.00 0.00 0.00 29.17 8.61	906.72	56.21	58.00	54.35	13.15	1) 0.00 2) 0.00 3) 0.00	404.74	725.01 31647	
Nelson E. BenitezRomero	0	Bricklayer	D O S	0 0 0	0 0	0 0 0 0 0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.96	210.00	61.00	17.53	1) 0.00 2) 0.00 3) 0.00	200 40	845.47 31654	
Jeffrey T. Brown	2	Laborer: Common/General	D 0 S	0 0 0	0 0	0 0 0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 18.00 0.00	576.00 576.00	35.71	48.00	37.84	8.35	1) 0.00 2) 0.00 3) 0.00	120.00	446.10 31660	

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Refinishing & Restoration, Inc.	ic Refinishing & Restoration, Inc.											d Washington , MD 20601	n Road							
PAYROLL NO. 41.0		FOR WEEK EN 06/05/2016		G						PROJECT Design/B Washing		ION storic Center	Building,	Phase 2		PROJECT G14.31			CT NO. -11P-14-MI	M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	6		TUE		HU F	FRI S	AT SUN	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Loca 2) Loca 3) Othe	I Tax 2	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,		31 OURS				4 5 DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТНЕ	R*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Terrance E. Burton	0	Bricklayer	D 0 S	0	0 8.00 8	0 0 8.00 8	0 0 .00 8	0 0 3.00	0 0 0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.96	139.00	61.00	17.53	2)	0.00 0.00 0.00	292.49	916.47 31661
Melvin E. Campos	1	Bricklayer	D 0 8	0	0 0 8.00 4	0 0 8.00 10	0 0 .50 8	0 0 0 3.00	0 0 0 0	0.00	0.00 0.00 0.00 0.00 29.17 10.61	/	104.82	199.00	110.03	24.52	2)	0.00 0.00 0.00	438.37	1252.28 31664
Julio A. Canales	1	Bricklayer	D 0 8	0	0 0 8.00 4	0 0 8.00 8	0 0 0.00 8	0 0 8.00	0 0 0 0		0.00 0.00 0.00 0.00 29.17 8.61	/	74.96	191.00	52.68	17.53	2)	0.00 0.00 0.00	336.17	872.79 31666
Jose M. Chicas	3	Bricklayer	D 0 8	0	0 0 8.00 8	0 0 8.00 8	0 0 0.00 8	0 0 8.00	0 0 0 0		0.00 0.00 0.00 0.00 29.17 8.61	/	74.96	104.00	58.00	17.53	2)	0.00 0.00 0.00	254.49	954.47 31668

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT Atlantic Refinishing & Restoration, Inc		R ✓ Wage DC Det:	Det:										d Washingto , MD 20601	n Road						
PAYROLL NO.		FOR WEEK EN	IDIN	G							PROJECT /	AND LOCAT	ION				PROJEC	T OR CON	TRACT NO.	
41.0		06/05/2016									Design/B Washingt		storic Center	Building,	Phase 2		G14.31	3-1400/0	GS-11P-14-M	1M-C-0011
(1)	(2)	(3)	15		(4	4) DAY	AND	DATE	=		(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local Ta 2) Local Ta		(9)
	DING		OT or D	MON	TUE	WED	THU	FRI	SAT	SUN				DE	DUCTIONS			3) Other D		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, O		31	1	2	3	4	5	TOTAL	DATE	GROSS AMOUNT		WITH-				T	PAID FOR WEEK
OF EMPLOYEE	EX MS	OLAGOII IOATION	_		IOUR	S WOR	KED	EACH	I DAY	1	HOURS	RATE OF PAY	EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*		
Tyler W. Everhart		Laborer: Common/General	D	1 1	0	0	0	0	0	0	0.00	0.00 0.00	576.00					1) 0.0		
	0	Common/Ceneral	0	1 1	0	0	0	0	0	0	0.00	0.00 0.00		35.71	71.00	25.00	8.35	3) 0.0	440.00	435.94
(b) (6)			S	0	8.00	8.00	8.00	8.00	0	0	32.00	18.00 0.00	576.00							31679
James D. Farris  (b) (6)  Fringe Detail: Vacation/ Holiday: \$12.1	1	Laborer: Common/General	D O S	0	0 0 8.00		0 0 3.00			0 1.00	0.00 0.00 23.00	0.00 0.00 0.00 0.00 14.00 0.00	560.00	34.72	32.00	23.00	8.12	1) 0.0 2) 0.0 3) 0.0	07.04	462.16 31680
Fillige Detail. Vacation/ Holiday. \$12.1	7/\$0.52	.9, Health & Wellare. \$2	0.00	5/φ1.1	34, V	voikei	15 00	лпр. с	φ1.3C	υ/ φυ.	057, TTAIII	ilig Fullu.	φ3.92/φ0.17							
Roger H. Furrow, JR	1	Bricklayer	D 0 8	0	0 0 8.00	0 0 8.00	0 8.00	0 0 8.00	0 0	0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1 7 1	74.95	191.00	60.00	17.53	1) 0.0 2) 0.0 3) 0.0	00	865.48 31682
Jhoni G. Guzman	2	Bricklayer	0	0	0	0 0	0 0 8.00	0 0	0 0	0 0	0.00	0.00 0.00	1 / 1	74.96	115.00	83.27	17.53	1) 0.0 2) 0.0 3) 117.3	00 400 45	800.81
Other Deduction Detail: Child Support:	115 20	Child Support Foo: 2.0		'  "	8.00	8.00	6.00	0.00	0	U	32.00	29.17 8.61	1206.96							31693
Other Deduction Detail. Crilla Support.	110.08	, Omia Support i ee. 2.t	JU																	

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.	OR SUBCONTRACTOR Wage DC140002 (Mod. 13) Det:  FOR WEEK ENDING											d Washingto , MD 20601	n Road							
PAYROLL NO. 41.0		FOR WEEK EN 06/05/2016	IDIN	G						PROJECT Design/B		ion storic Center	Building,	Phase 2			T OR CON		CT NO. 11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	15		TUE		HU I	FRI S	AT SUN	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local 2) Local 3) Other	Tax 2		(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,		31 OURS	1 WORK			4 5 DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHE	R*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Jason W. Hartless	0	Laborer: Common/General	D 0 S	0	0 8.50 8	0 0 8.50 8	0 0 .50 8	0 0 8.50	0 0	0.00	0.00 0.00 0.00 0.00 18.00 0.00		37.94	49.00	27.00	8.87	2) 0	.00	122.81	489.19 31694
John C. Hartless	0	Bricklayer	D 0 8	0	0 0 8.50 8	0 0 8.50 8	0 0 .50 8	0 0 8.50	0 0 0 0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1 / 1	79.64	229.00	66.00	18.63	2) 0	.00	393.27	891.25 31695
Jaime A. Hernandez	3	Bricklayer	D 0 8	0	0 0 8.00 8	0 0 8.00 8	0 0 00.	0 0 8.00	0 0 0 0		0.00 0.00 0.00 0.00 29.17 8.61		74.96	104.00	78.38	17.53	2) 0	.00	274.87	934.09 31700
Miguel A. Herrera	0	Laborer: Common/General	D 0 s	0	0 0 8.00 8	0 0 8.00 8	0 0 0.00	0 0 3.00	0 0 0 0 0 0	-	0.00 0.00 0.00 0.00 18.00 0.00		35.71	71.00	30.71	8.35	2) 0	.00	145.77	430.23 31701

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCON	TRACTOR	Wage DC	ge DC140002 (Mod. 13)							1	ADDRESS	2320 Ol	d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc.	<b>c</b> .	Det:										Waldorf,	, MD 20601								
PAYROLL NO.		FOR WEEK EN	NDIN	G								AND LOCAT		Duilding	Dhaga 2		PROJEC	T OR	CONTRA	ACT NO.	
41.0		06/05/2016									Vashingt		storic Center	bullaing,	Priase 2		G14.3	13-14	400/GS	-11P-14-M	M-C-0011
(1)	(2)	(3)	П		(4	4) DAY	AND	DATE	Ē		(5)	(6)	(7)		(8)	* Other	Deductions		ocal Tax		(9)
	DING		OT or [			WED	THU	FRI	SAT	SUN				DE	DUCTIONS				ther Ded		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, C	30	31	1	2	3		5	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING					TOTAL	PAID FOR WEEK/
OF EMPLOYEE			+	1 1	IOURS i	S WOR	- 1	EACH	- i	<u> </u>	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare		THER*	DEDUCTIONS	Check No.
Jesus P. JovelClimaco		Bricklayer	D		0	0	0	0	0	0	0.00	0.00 0.00	/					1)	0.00		
	1		o		0	1	8.00	0	0	0	0.00	0.00 0.00	/	74.96	191.00	60.00	17.53	3)	0.00	343.49	865.47
(b) (6)			0	0	8.00	8.00	8.00	8.00	0	0	32.00	29.17 8.61	1208.96								31707
Clydie L. Kemp	0	Bricklayer	D O S	0	0 0 8.00	0 0 8.00	0 0 8.00	0 8.00	0 0	0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61		74.96	210.00	61.00	17.53	1) 2) 3)	0.00 0.00 0.00	363.49	845.47 31710
Kenneth L. Long	2	Bricklayer	D 0	$\perp$	0	0	0	0	0	0	0.00	0.00 0.00	1 / 1	74.95	115.00	81.18	17.53	1) 2) 3)	0.00 0.00 0.00	288.66	920.30
(b) (6)			s	0	8.00	8.00	8.00	8.00	0	0	32.00	29.17 8.61	1208.96					3)	0.00		31716
Amineen I. Manraj		Laborer:	D	0	0	0	0	0	0	o	0.00	0.00 0.00	576.00					1)	0.00		
•	1	Common/General	0	0	0	0	0	0	0	0	0.00	0.00 0.00	/	35.71	59.00	25.53	8.35	2)	0.00	128.59	447.41
(b) (6)			S	0	8.00	8.00	8.00	8.00	0	0	32.00	18.00 0.00	576.00					,	0.00		31719

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR S	SUBCONTRACTOR	Wage DC	1//	002	(Mod	13)			I ADD	DRESS	2320 010	d Washington	n Road						
Atlantic Refinishing & Restoration		Det:	,140	002	(IVIOG.	13)			1,52	DINEGO		MD 20601	Troad						
PAYROLL NO.		FOR WEEK EI	NDIN	G							ND LOCATI					PROJEC	T OR CONT	RACT NO.	
41.0		06/05/2016	<b>;</b>								uild of His on, DC	toric Center	Building,	Phase 2		G14.31	3-1400/G	S-11P-14-M	M-C-0011
(1)	(2)	(3)	Ы	L.		DAY ANI				(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta 2) Local Ta		(9)
	DING		OT or		TUE	ED THU	FRI	SATS	UN				52	000110110			3) Other De	ductions	NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, O	$\vdash$	-	1 2				TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING				TOTAL	PAID FOR WEEK/
OF EMPLOYEE			_	1	OURS V	VORKE	DEACH	H DAY	Н	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	OTHER*	DEDUCTIONS	Check No.
Michael W. Meadows		Bricklayer	0	$\perp$	0	0 0	1	0		0.00	0.00 0.00	1208.96	74.00	400.00	04.00	47.50	1) 0.0 2) 0.0		040.47
	0			1 1	0	1	1		_	0.00	0.00 0.00		74.96	139.00	61.00	17.53	3) 0.0	292.49	916.47
(b) (6)			S	0	8.00 8.	00 8.00	8.00	0	0 3	32.00	29.17 8.61	1208.96							31722
Douglas A. Monge	1	Bricklayer	D 0 S	0	0 0 8.00 8.	0 0 0 0 00 8.00	0	0 0	0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.96	191.00	88.16	17.53	1) 0.0 2) 0.0 3) 0.0	) 074.05	837.31 31729
Florencio MorenoRodriguez	2	Bricklayer	0	0	0	0 0	0	0 0	0	0.00	0.00 0.00 0.00 0.00		74.95	171.00	59.00	17.53	1) 0.0 2) 0.0 3) 0.0	) 200 40	886.48
(b) (6)			S	0	8.00 8.	00 8.00	8.00	0	0 3	32.00	29.17 8.61	1208.96							31731
Carlos OseguedaGonvalez	1	Bricklayer	0	0	0	0 0	0	0 0	0	0.00	0.00 0.00 0.00 0.00		74.95	191.00	60.00	17.53	1) 0.0 2) 0.0 3) 0.0	) 242.40	865.48
(b) (6)			S	0	8.00 8.	00 8.00	8.00	0	0 3	32.00	29.17 8.61	1208.96							31737

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

ACTOR	Wage DC Det:	170	7002	(IVIOG	ı. ı <i>o,</i>													
									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		d Washingto , MD 20601	Trodu						
	FOR WEEK EN	IDING	G							AND LOCAT					PROJEC	T OR CONTR	ACT NO.	
	06/05/2016										storic Center	Building, I	Phase 2		G14.31	3-1400/G	S-11P-14-M	M-C-0011
(2)	(3)	F		(4)	DAY A	AND [	DATE		(5)	(6)	(7)		(8)	* Other	Deductions			(9)
DING		9	MON	TUE	WED T	HU F	FRI SA	AT SUN				DEI	DUCTIONS					NET WAGES
OF THHOLI	WORK CLASSIFICATION	ST, O	30	31	1	2	3 4	5	TOTAL	DATE	GROSS		WITH-			1	TOTAL	PAID FOR WEEK/
			Н	OURS	WORK	KED E	ACH E	DAY	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	OTHER*	DEDUCTIONS	
	Bricklayer	D		0	0	0	0	0 0	0.00	0.00 0.00	1208.96						1	
3				0	0	0	0	0 0	0.00	0.00 0.00		74.96	104.00	78.38	17.53	1 '	07407	934.09
		S	0	8.00	8.00 8.	.00 8	3.00	0 0	32.00	29.17 8.61	1208.96							31740
			0	0 8.00	0 8.00 10.	0 0 .50 8	0	0 0	0.00	0.00 0.00		38.50	78.00	27.67	9.00	2) 0.00	450.47	467.83 31741
		D	o	0	0	0	0	0 0	0.00	0.00 0.00	576.00					1) 0.00		1
6	Common/General			0 8.00	0 8.00 8.	0 8			0.00	0.00 0.00		35.71	7.00	23.00	8.35			501.94 313174742
1	Bricklayer	0	0	0 0 8.00	0 0 8.00 8.	0 0	0	0 0	0.00		1 / 1	93.70	173.00	78.00	21.91	2) 0.00	200 01	1144.59 31747
	O WITHHOLDING EXEMPTIONS	(2) (3) WORK CLASSIFICATION  Bricklayer  3  Laborer: Common/General  6  Bricklayer	(2) (3) (3) (4) (5) (5) (7) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	(2) (3) (4) (4) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	(2) (3) (4) DAY A  WORK CLASSIFICATION   Bricklayer	(2) (3) (4) DAY AND I (4) DAY AND I (5) (MON TUE   WED   THU  30 31 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   WED   THU  30 31 1 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   THU  30 31 1 1 1 2 HOURS WORKED BY AND I (1) (MON TUE   THU  30 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(2) (3) (4) DAY AND DATE  WORK CLASSIFICATION (4) DAY AND DATE  WORK CLASSIFICATION (5) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	CONTROL   CONT	Common/General   D   0   0   0   0   0   0   0   0   0	C2   (3)	Common/General   D   O   O   O   O   O   O   O   O   O	Common/General   D   O   O   O   O   O   O   O   O   O	Carporal   Carporal	Common/General   D   O   O   O   O   O   O   O   O   O	Common/General   D   0   0   0   0   0   0   0   0   0	Common/General   D   0   0   0   0   0   0   0   0   0	Common/General   D   0   0   0   0   0   0   0   0   0

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT Atlantic Refinishing & Restoration, Inc		Wage DC1 Det:	1400	002 (Mod. 13)		ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 41.0		FOR WEEK ENI 06/05/2016	IDING			PROJECT Design/B Washing		ion toric Center	Building, l	Phase 2			T OR CONTR 3-1400/G	ACT NO. S-11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS (2)	(3) WORK	ե	(4) DAY AND	FRI SAT SI		(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions -	1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHC EXEMP	CLASSIFICATION	ST,	30 31 1 2 HOURS WORKED		TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Jose D. Rodas	0	Laborer/Skilled	D O S	0 0 0 0 0 0 0 0 0 0 8.00 8.00 10.50	0 0 0 0 8.00 0	<ul><li>0 0.00</li><li>0 0.00</li><li>0 34.50</li></ul>	0.00 0.00 0.00 0.00 21.82 6.97	993.25	61.58	106.00	75.91	14.40	1) 0.00 2) 0.00 3) 0.00	257.89	735.37 31748
Jaime D. Rodriguez	1	Bricklayer	D	0 0 0 0 0 0 0 0 8.00 8.00	0 0 0 0 8.00 0	0 0.00 0 0.00 0 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.96	191.00	60.00	17.53	1) 0.00 2) 0.00 3) 0.00	343.49	865.47 31751
Enemecio Romero	0	Laborer: Common/General	D O S	0 0 0 0 0 0 0 0 0 8.00 8.00 8.00	0 0 0 0 8.00 0	0 0.00 0 0.00 0 32.00	0.00 0.00 0.00 0.00 18.00 0.00		35.71	71.00	25.00	8.35	1) 0.00 2) 0.00 3) 0.00	140.06	435.94 31755
Henry L. Simons, III	ı	Bricklayer	<b>D</b>	ما ما ما ما	ol ol	0.00		1208.96	I	ı I	I		1) 0.00	I	I
(b) (6)	4	Shouldyon	0 S	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0	0.00 0 0.00 0 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.95	132.00	61.00	17.53	2) 0.00	285.48	923.48 31758

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.	ACTOR	Wage DC1 Det:	1400	002 (Mod. 13)		A	ADDRESS		d Washington MD 20601	n Road						
PAYROLL NO. 41.0		FOR WEEK ENI 06/05/2016	DING	;			PROJECT / Design/B Vashingt		on toric Center	Building, l	Phase 2			T OR CONT 3-1400/G	RACT NO. S-11P-14-M	IM-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS (	(3) WORK	ե	(4) DAY AN	J FRI SAT		(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions -	1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,	30 31 1 2 HOURS WORKE	3 4 D EACH DAY	5	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Ademir W. SortoEscobar	2	Bricklayer	D O S	0 0 0 0 0 0 0 0 0 0 8.00 8.00 8.00	+	0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.95	171.00	83.27	17.53	1) 0.00 2) 0.00 3) 0.00	) 246.75	862.21 31762
Jaime A. SotoCaballero	2	Bricklayer	D O S	0 0 0 0 0 0 0 0 0 8.00 8.00 8.00	+	0 0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.95	115.00	83.27	17.53	1) 0.00 2) 0.00 3) 0.00	200.75	918.21 31763
Lavarr M. Thomas	3	Laborer: Common/General	D 0 S	0 0 0 0 0 0 0 0 0 0 8.00 8.00 8.00	0 0	0 0	0.00 0.00 24.00	0.00 0.00 0.00 0.00 18.00 0.00	432.00	26.79	16.00	14.00	6.27	1) 0.00 2) 0.00 3) 0.00	) 62.06	368.94 31766
Donald T. Walsh		Bricklayer	D	0 0 0 0	1 1 1	0	0.00	0.00 0.00	1378.97					1) 0.00		
(b) (6)	1		o s	0 0 0 0 0		0	0.00 36.50	0.00 0.00 29.17 8.61	1681.21	104.24	309.00	87.00	24.37	3) 0.0	524.61	1156.60 31775

I. Sandra Smith (Name of Signatory Party) (Title)  (Other Care of Sign	Date June 16th, 2016	(b) WHITDE EDINGE DENIETTO ADE DAID IN CACH
(Name of Signatory Party) (Title) do hereby state:  (1) That I pay or supervise the payment of the persons employeed by  Alfantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.)  Contractor or Subcontractor)  Dasign/Build of Historic Center Building, : that during the payroll period commencing on the PRuse 2 (Building or Work)  30h. day of May 2016, and ending the 5th day of June 2016 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly from the full wages carned by any person, other than permissible deductions have been made either directly or indirectly from the full wages carned by any person, other than permissible deductions as defined in Regulators, Part (23 CPR Stuties 4), issued by the Secretary of Lost or inder the Coepeland Act, as amended (48 Stat. 148, 63 Stat. 150, 72 Stat. 307, 76 Stat. 307, 76 Stat. 307, 78 Stat. 307,		(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
do hereby state:  (1) That any payrollis otherwise under this contract regained to be submitted for the above period are contract. That they apprend so may person and hat no deductions have been made either directly or indirectly from the full assistance series of the state. A contract the special series of the state of the support of the work period are reported by the Secretary of Labor under the Copiand Act, as amended (48 state 5 pear rate contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated wage rates and the applicable wage rates contained therein any of the activity of the activity of the activity of the acti		
(c) That I pay or supervise the payment of the persons employeed by  Alantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.)  Contractor of Subcontractor)  Design/Build of Historic Center Building it hat during the payroll period commencing on the Phase 2 (Building or Work)  all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to not breatly to not not be lated to a sold project have been paid the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person end that no each such and the contract required to be submitted for the above period are contract and complete; that the wage rates for laborers or mechanics conform with the work he performed.  (2) That any payrolls otherwise under this contract required to be submitted for the above period are registered with the bursal to periodically against the way the periodical perso		
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)  Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work) 30th day of May	•	
Inc.) (Contractor or Subcontractor)  Design/Build of Historic Center Building,	(1) That I pay of supervise the payment of the persons employeed by	(c) EXCEPTIONS
Phase 2 (Building or Work) 30th day of May 2016, and ending the 5th day of June 2016 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said  Attentic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company from the full inc.) (Contractor or Subcontractor) weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person. Heat hap permissible deductions as a defined in Regulations, Part 3 (29 CFR Subtitle A), Issued by the Secretary of Labor under the Copeland Act, as amended (48 Sats 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:  FICA, FWH, Medicare, State Tax, Child Support, Child Support Fee  (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the agalicable wage rates contained in any wage determination incoporated into the contract: that the classifications set forth therein for each laborer or mechanics contained therein are not less than the agalicable wage rates contained in any wage determination incoporated directly or information of the development of Labor.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if n		
all persons employed on said project have been paid the full weekly wagee aemed, that no rebates have been or will be made either directly or indirectly or		
Attantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company from the full Inc.)  (Contractor or Subcontractor)  (Contract Wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (28 CFR Subtite A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:  FICA, FWH, Medicare, State Tax, Child Support, Child Support Fee  (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona filed apprenticeship program registered with the Bureau of Apprenticeship agency recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized ag	30th day of May , 2016 , and ending the 5th day of June , 2016	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person on their han permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:  FICA, FWH, Medicare, State Tax, Child Support, Child Support Fee  (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the capsilicable wage rates contained in any wage determination incorporated into the contract; that the capsilicable wage rates contained in any wage determination incorporated into the contract; that the capsilicated with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with a State apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with a State apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized by the Bureau of Apprenticeship and Training, United States Department of Labor.    Apprentice of the State St	all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtille A), issued by the Secretary of Labor under the Copeland Act, as a semeded (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:  FICA, FWH, Medicare, State Tax, Child Support, Child Support Fee  (2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the contract, that the applicable wage rates contained in any wage determination incorporated into the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship and Training, United States Department of Labor. or if no such the recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training United States Department of Labor.  (4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  (b) Ginch P		
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the calassifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.  (4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as	weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.  (4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as	FICA, FWH, Medicare, State Tax, Child Support, Child Support Fee	
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(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.  (4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as		
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.  (4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as		DEMADICE
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.  (4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as	correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS  in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as  NAME AND TITLE:  Sandra Smith, Payroll Supervisor  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE	program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are	
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as	(4) That:	
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as	(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as	in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Sandra Smith, Payroll Supervisor (b) (6)
	above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as	SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTI		Wage DC <sup>✓</sup> Det:								ADI	DRESS		d Washingto MD 20601	n Road							
PAYROLL NO. 42.0		FOR WEEK EN 06/12/2016	DING	G						Des	sign/Bu	and LOCATI uild of Hist on, DC	on toric Center	Building, I	Phase 2		PROJEC G14.31			CT NO. -11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (C) EXEMPTIONS (C)	(3) WORK	151	$\vdash$	TUE	WED TI	HU	FRI S	SAT SU		(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions -		al Tax 2	2	(9) NET WAGES
NAME. ADDRESS. AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,	6	7 OURS	8 S WORK			11 1 DAY		TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	отн	ER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Pedro A. Alvarez	1	Laborer: Common/General	D 0 s		0 8.00	0 0 8.00 8.	0 0 .00	0 0 8.00	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 18.00 0.00	720.00	44.64	81.00	32.37	10.44	2)	0.00 0.00 0.00	168.45	551.55 31798
Jose C. Arevalo	3	Bricklayer	D 0 8	0	0 0 8.00	0 0 8.00 8.	0 0	0 0 8.00	0 0 0	0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.70	149.00	102.41	21.91	2)	0.00 0.00 0.00	367.02	1144.18 31801
Nelson E. BenitezRomero	0	Bricklayer	D 0 8		0 0 8.00	0 0 8.00 8.	0 0	0 0 8.00	0 0 0	0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.69	286.00	79.00	21.91	2)	0.00 0.00 0.00	480.60	1030.60 31808
Jeffrey T. Brown	2	Laborer: Common/General	D 0 8		0 0 8.00	0 0 8.00 8.	0 0 .00 3	0 0 8.00	0 0	0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 18.00 0.00	720.00	44.64	69.00	49.29	10.44	2)	0.00 0.00 0.00	173.37	546.63 31814

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUE Atlantic Refinishing & Restoration	n, Inc.	✓ Wage DC1 Det:	40002 (Mod. 13)	ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 42.0		FOR WEEK END 06/12/2016	DING	PROJECT / Design/B Washingt		on toric Center	Building, I	Phase 2			OR CONTRA 3-1400/GS	ACT NO. -11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS (	(3) WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SUI		(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions -	1) Local Tax 2 2) Local Tax 3 3) Other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHC EXEMP	CLASSIFICATION	6 7 8 9 10 11 12 HOURS WORKED EACH DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Terrance E. Burton	0 Br	ricklayer	D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         8.00         8.00         8.00         8.00         8.00         0         0         0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.69	184.00	79.00	21.91	1) 0.00 2) 0.00 3) 0.00	378.60	1132.60 31815
Melvin E. Campos	Br	ricklayer	D         0         0         0         0         0         0           O         0         0         0         0         0         8.00         8.00           S         8.00         8.00         8.00         8.00         0         0         0         0	0.00 8.00 40.00	0.00 0.00 43.76 11.61 29.17 10.61	2034.16	126.12	282.00	139.23	29.49	1) 0.00 2) 0.00 3) 0.00	576.84	1457.32 31818
Julio A. Canales	Br	ricklayer	D         0	0.00 0 8.00 0 40.00	0.00 0.00 43.76 8.61 29.17 8.61	1930.16	119.67	373.00	86.93	27.99	1) 0.00 2) 0.00 3) 0.00	607.59	1322.57 31820
Jose M. Chicas	3 Br	ricklayer	D   0   0   0   0   0   0   0   0   0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.69	149.00	76.00	21.91	1) 0.00 2) 0.00 3) 0.00	340.60	1170.60 31822

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR Atlantic Refinishing & Restoration, Inc.	ACTOR	TOR Wage DC140002 (Mod. 13) Det:								DDRESS		Washington MD 20601	n Road						
PAYROLL NO. 42.0		FOR WEEK ENI 06/12/2016	DINC	3					D			on toric Center	Building, l	Phase 2			T OR CONT 3-1400/G	RACT NO. iS-11P-14-W	M-C-0011
(1) NAME. ADDRESS. AND	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	ㅎ		(4) DA	THU	FRI :	SAT	SUN 12	(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES
	NO. OF WITHHOUS EXEMP	CLASSIFICATION	ST,		7 8 OURS WO	9 RKED			12	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Tyler W. Everhart	0	Laborer: Common/General	D 0 S		0 0 0 0 8.00 8.00	0		0	0	0.00 0.00 24.00	0.00 0.00 0.00 0.00 18.00 0.00	432.00	26.79	49.00	17.00	6.27	1) 0.00 2) 0.00 3) 0.00	0 00 00	332.94 31834
James D. Farris	1	Laborer: Common/General		5.00			0 4.00	0 0 3.00 1			0.00 0.00 0.00 0.00 22.00 0.00	616.00	54.56	78.00	41.00	12.76	1) 0.00 2) 0.00 3) 0.00	0 406.33	693.68 31835
Fringe Detail: Vacation/ Holiday: \$12.17	/\$0.43	5, Health & Welfare: \$26	80.8	/\$0.93	1, Work	ers C	omp: §	\$1.30	/\$0.0	46, Train	ing Fund: 9	\$3.92/\$0.14							
Roger H. Furrow, JR	1	Bricklayer	D O S	0 0 8.00 8	0 0 0 0 8.00 8.00	0 0 8.00	0	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.70	266.00	78.00	21.91	1) 0.00 2) 0.00 3) 0.00	0 450.61	1051.59 31837
Mathew A. Garcia	0	Laborer: Common/General	D O	0	0 0	0		0 0	0	0.00	0.00 0.00	576.00	35.72	71.00	23.00	8.35	1) 0.00 2) 0.00 3) 0.00	0 420.07	437.93
(b) (6)			S	0 8	8.00	8.00	8.00	0	0	32.00	18.00 0.00	576.00							31838

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR OR S	ACTOR	Wage DC1 Det:	40	002	(Mc	od. 13	)				ADDRESS		d Washingto , MD 20601	n Road						
PAYROLL NO. 42.0		FOR WEEK END 06/12/2016	OINC	3						[	PROJECT A Design/B Washingt		TION Storic Center	Building,	Phase 2			T OR CONT 3-1400/G	RACT NO. S-11P-14-M	IM-C-0011
(1)	(2) SNOIL	(3)	OT or DT		TUE	(4) DAY	THU	FRI	SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	· Deductions	- 1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	6	7 OUF	8 RS WOF	9 RKED			12 Y	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK Check No.
Jhoni G. Guzman	2	Bricklayer	D O S	0 8.00	8.00	0	0		8.00	0	0.00 8.00	0.00 0.00 43.76 8.61 29.17 8.61	/	119.67	240.00	140.61	27.99	1) 0.0 2) 0.0 3) 117.3	045.00	1284.50
(b) (6) Other Deduction Detail: Child Support: 1	15.39	. Child Support Fee: 2.00	$\Box$	8.00	8.00	8.00	8.00	8.00	- 0	º	40.00	29.17 8.61	1930.16							31849
Jason W. Hartless	0	Laborer: Common/General	D O S	0 0 8.50	0 8.50	0 0 0 0 8.50	0 0		0	0	0.00 0.00 34.00	0.00 0.00 0.00 0.00 18.00 0.00		37.95	49.00	27.00	8.88	1) 0.0 2) 0.0 3) 0.0	100.00	489.17 31850
John C. Hartless	0	Bricklayer	D O S	0 0 8.50	8.50	0 0 0 0 0 8.50	0 0 8.50		0 0	0	0.00 2.50 40.00	0.00 0.00 43.76 8.61 29.17 8.61	/	101.81	318.00	86.00	23.81	1) 0.0 <sup>o</sup> 2) 0.0 3) 0.0	500.00	1112.51 31851
Jaime A. Hernandez	3	Bricklayer	D O S	0 8.00	8.00		0 0 8.00		0		0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1 / 1	93.69	149.00	102.41	21.91	1) 0.0 2) 0.0 3) 0.0	) 207.04	1144.19 31856

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO	nc.	Wage DC Det:	140002 (Mod. 13)	ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 42.0		FOR WEEK EN 06/12/2016		PROJECT / Design/B Washingt		on toric Center	Building, l	Phase 2			T OR CONTRA 3-1400/GS	ACT NO. -11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SUN  6 7 8 9 10 11 12	(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions -	1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	6 7 8 9 10 11 12  HOURS WORKED EACH DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Miguel A. Herrera  (b) (6)	0	Laborer: Common/General	D         0         0         0         0         0         0         0           O         0         0         0         0         0         0         0         0           S         8.00         8.00         8.00         8.00         8.00         0         0         0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 18.00 0.00	720.00	44.64	93.00	39.35	10.44	1) 0.00 2) 0.00 3) 0.00	187.43	532.57 31858
Jesus P. JovelClimaco	1	Bricklayer	D         0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.69	266.00	78.00	21.91	1) 0.00 2) 0.00 3) 0.00	459.60	1051.60 31863
Clydie L. Kemp	0	Bricklayer	D         0         0         0         0         0         0         0           O         0         0         0         0         0         0         0         0           S         8.00         8.00         8.00         6.00         0         0         0	0.00 0.00 38.00	0.00 0.00 0.00 0.00 29.17 8.61	1435.64	89.01	267.00	74.00	20.81	1) 0.00 2) 0.00 3) 0.00	450.82	984.82 31866
Kenneth L. Long	2	Bricklayer	D         0         0         0         0         0         0         0           O         0         0         0         0         0         0         0         0           S         8.00         8.00         8.00         8.00         0         0         0         0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.70	161.00	104.60	21.91	1) 0.00 2) 0.00 3) 0.00	381.21	1129.99 31872

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTACTOR Refinishing & Restoration, Inc.		₩age DC <sup>2</sup> Det:	140	002 (	(Mod	d. 13)				ADDRESS		d Washingto MD 20601	n Road							
PAYROLL NO. 42.0		FOR WEEK EN 06/12/2016	DING	3						PROJECT Design/B Washing		ION storic Center	Building,	Phase 2		PROJEC G14.31			CT NO. -11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	151	$\vdash$	TUE	DAY A	HU I	FRI S			(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	1) Local 2) Local 3) Other	Tax 2		(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHC EXEMP	CLASSIFICATION	ST,		7 OURS	8 9 WORK			1 12 DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHE	R*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Amineen I. Manraj	1	Laborer: Common/General	D O S		0 8.00	0	0 0 8	0 0 3.00	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 18.00 0.00	720.00	44.64	81.00	32.37	10.44	2) (	0.00	168.45	551.55 31875
Michael W. Meadows	0	Bricklayer	D 0 S	0	0 0 8.00		0 0 00 8	0 0 3.00	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.69	184.00	79.00	21.91	2) (	0.00 0.00 0.00	378.60	1132.60 31878
Douglas A. Monge	1	Bricklayer	D 0 8		0 0 8.00	0	0 0 00 88 000	_	0 0	0.00 8.00 40.00	0.00 0.00 43.76 8.61 29.17 8.61	1930.16 1930.16	119.67	373.00	145.50	27.99	2) (	0.00 0.00 0.00	666.16	1264.00 31885
Florencio MorenoRodriguez	2	Bricklayer	D 0 8		0 0 8.00	0 0 8.00 8.0	0 0 00 8	0 0 3.00	0 0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.70	247.00	77.00	21.92	2) (	0.00 0.00 0.00	439.62	1071.58 31887

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRA Atlantic Refinishing & Restoration, Inc.	ACTOR	Wage DC1 Det:	400	002 (1	Mod.	13)			,	ADDRESS		d Washingto MD 20601	n Road							
PAYROLL NO. 42.0		FOR WEEK ENI 06/12/2016	DING	ì					[	PROJECT / Design/B Vashingt		on toric Center	Building, l	Phase 2		PROJEC G14.31			CT NO. 11P-14-M	M-C-0011
(1) NAME, ADDRESS, AND	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	ST, OT or DT			ED THU	J FRI	SAT	SUN 12	(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions	- 1) Local 2) Local 3) Other	Tax 2		(9) NET WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOUS BENEATOR	CLASSIFICATION	ST,				D EAC			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHE	R*	TOTAL DEDUCTIONS	FOR WEEK/
Carlos OseguedaGonvalez	1	Bricklayer	D O S	0 0 8.00 8	Ĭ	0 0	0	0 0	0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96 1511.20	93.70	266.00	78.00	21.91	2) 0	.00	459.61	1051.59 31892
Jesus Pena	3	Bricklayer	D O S	0 0 8.00 8	0 0 8.00 8.00	0 0	0 0 0	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.69	149.00	102.41	21.91	2) 0	.00	367.01	1144.19 31895
Roberto J. Pena		Laborer: Common/General	D 0 8	0 0 8.00		0 0	0	0 0	0 0	0.00 0.00 8.00	0.00 0.00 0.00 0.00 18.00 0.00	144.00	8.93	10.00	5.47	2.09	2) 0	.00	26.49	117.51 31896
Matthew T. Pruitt		Laborer: Common/General	D 0	0 0 8.00 8	0 0 3.00 8.00	0 0		0 0	0	0.00	0.00 0.00 0.00 0.00 18.00 0.00	720.00	44.64	23.00	31.00	10.44	2) 0	.00	109.08	610.92 31897
(b) (b)				5.00	3.00	0.00	0.00	٦	٦	40.00	13.00 0.00	/ /20.00								31031

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCON	NTRACTOR	Wage DC	140	0002	(Mo	d. 13)	)			T /	ADDRESS	2320 Old	d Washingto	n Road							
Atlantic Refinishing & Restoration, In		Det:				,	,						, MD 20601								
PAYROLL NO.		FOR WEEK EN	NDIN	G								AND LOCAT					PROJEC	T OR	CONTRA	ACT NO.	
42.0		06/12/2016									Design/Bı Vashingt		storic Center	Building, I	Phase 2		G14.3	13-14	00/GS	-11P-14-M	M-C-0011
(1)	(2)	(3)	П		(4	4) DAY	AND	DATE	<b>.</b>		(5)	(6)	(7)		(8)	* Other	Deductions		cal Tax		(9)
	DING		OT or [	MON	TUE	WED -								DE	DUCTIONS				ther Ded		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, C		7				11	12	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING					TOTAL	PAID FOR WEEK/
OF EMPLOYEE		5	+		IOUR	S WOR	- i	EACH	- 1	$\dashv$	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare		HER*	DEDUCTIONS	Check No.
Bernard Robinson		Bricklayer	D		0	0	0	0	0	0	0.00	0.00 0.00	/					1)	0.00		
	1		0		0		0	0	0	0	0.00	0.00 0.00	/	93.69	173.00	78.00	21.92	3)	0.00	366.61	1144.59
(b) (6)			s	8.00	8.00	8.00	8.00	8.00	0	0	40.00	29.17 8.61	1511.20								31902
Jose D. Rodas	0	Laborer/Skilled	D O S	0	0 0 8.00	0 0 8.00 8	0 0 8.00	0 8.00	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 21.82 6.97	/	71.40	130.00	88.49	16.70	1) 2) 3)	0.00 0.00 0.00	306.59	845.01 31903
	1	l Deialdauer	l.	1 .1	.1	ı .i	. 1	.1	.1	.1		ı	1			1	ı	Las	0.00		ı
Jaime D. Rodriguez	1	Bricklayer	D 0 S		0 8.00	0 0 8.00 8	0 8.00	0 8.00	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	/	93.69	266.00	78.00	21.91	1) 2) 3)	0.00 0.00 0.00	459.60	1051.60 31906
							_														_
Enemecio Romero		Laborer: Common/General	D		0	0	0	0	0	0	0.00	0.00 0.00	720.00					1)	0.00		
	0	30	0		0	0	0	0	0	0	0.00	0.00 0.00	/	44.64	93.00	33.00	10.44	3)	0.00	181.08	538.92
(b) (6)			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	18.00 0.00	720.00								31910

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO		Wage DC Det:	1400	002 (1	Mod. 1	3)			A	DDRESS		d Washingto MD 20601	n Road							
PAYROLL NO. 42.0		FOR WEEK EN 06/12/2016		i					D			ion toric Center	Building, l	Phase 2		PROJECT G14.31			CT NO. -11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS (	(3) WORK	ե		TUE WED	тни	$\perp$	SAT		(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions	- 1) Loca 2) Loca 3) Othe	l Tax 2	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,		7 8 OURS WO				12	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТНЕ	≣R*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Henry L. Simons, III	4	Bricklayer	D O S	0 8.00 8	0 0 0 0 3.00 8.00			0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.70	208.00	79.00	21.91	2)	0.00 0.00 0.00	402.61	1108.59
Ademir W. SortoEscobar	2	Bricklayer	D 0 8	0 0 8.00 8	0 C 0 C 3.00 8.00			0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.70	247.00	107.30	21.91	2)	0.00 0.00 0.00	469.91	1041.29 31917
Jaime A. SotoCaballero	2	Bricklayer	D O S	0 0 8.00 8	0 C	0 0		0 0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.70	161.00	107.30	21.91	2)	0.00 0.00 0.00	383.91	1127.29 31918
Lavarr M. Thomas	3	Laborer: Common/General	D O S	0 0 8.00 8	0 C	0 0 0		0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 18.00 0.00	720.00	44.64	58.00	30.00	10.44	2)	0.00 0.00 0.00	143.08	576.92 31921

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT		₹ ✓ Wage DC Det:	140	002	(Mo	od. 1	3)				ADDRESS		d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		201.										vvaldon	, IVID 2000 I							
PAYROLL NO.		FOR WEEK EN	DIN	G								AND LOCAT					PROJEC	T OR CON	RACT NO.	
42.0												uild of His on, DC	storic Center	Building,	Phase 2		G14.31	3-1400/0	SS-11P-14-M	M-C-0011
(1)		1 ''	(4) DAY AND DATE								(5)	(6)	(7)		(8)	* Other	Deductions	,		(9)
	LDING		MON TUE WED THU FRI SAT S											DE	DUCTIONS			2) Local T 3) Other D		NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, (	MON TUE WED THU FRI SAT SU 6 7 8 9 10 11 12  HOURS WORKED EACH DAY							TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER:	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Donald T. Walsh		Bricklayer	D	0	(	0	0	0	0	0	0.00	0.00 0.00	2034.90					1) 0.0		
	1		0	0	(	0	0	2.00	8.00	0	10.00	43.76 8.61	1 / 1	126.16	402.00	108.00	29.51	2) 0.0 3) 0.0	665.67	1369.23
(b) (6)			S	8.50	8.50	8.50	8.00	6.50	0	0	40.00	29.17 8.61	2034.90							31929

Date July 2nd, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Sandra Smith Payroll Supervisor (Name of Signatory Party) (Title)  do hereby state:	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the</li> </ul>
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)  Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)  6th day of June , 2016 , and ending the 12th day of June , 2016 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said  Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company from the full Inc.) (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS
FICA, FWH, Medicare, State Tax, Child Support, Child Support Fee	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Payroll #42
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:  (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:  SIGNATURE  (10) (2)
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	Sandra Smith, Payroll Supervisor  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.		Wage DC Det:	140	0002	(Mod	d. 13)				ADDRESS		d Washington , MD 20601	n Road							
PAYROLL NO. 43.0		FOR WEEK EN 06/19/2016		G						PROJECT Design/B Washing		ION storic Center	Building,	Phase 2		PROJECT G14.3			ACT NO. -11P-14-M	M-C-0011
(1)	(2) SNOIL	(3)	15		TUE		HU I	FRI S	AT SUN	1	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) Lo	ocal Tax ocal Tax other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,			15 SWORK	16 KED E		8 19 DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	01	ΓHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Pedro A. Alvarez	1	Laborer: Common/General	0	0	0 8.00	0	0 0 8 00.8	0	0 0	0.00	0.00 0.00 0.00 0.00 18.00 0.00		44.64	81.00	32.37	10.44	1) 2) 3)	0.00 0.00 0.00	168.45	551.55 31948
Nelson E. BenitezRomero	0	Bricklayer	D 0 S	0	0 0 8.00	0 0 0 8	0 0 6	0 0 3.00	0 C	0.00	0.00 0.00 0.00 0.00 29.17 8.61	/	74.96	210.00	61.00	17.53	1) 2) 3)	0.00 0.00 0.00	363.49	845.47 31957
Jeffrey T. Brown	2	Laborer: Common/General	D 0 8	0	0 0 8.00	0 0 8.00 8	0 0 0.3	0 0 3.00	0 C	0.00	0.00 0.00 0.00 0.00 18.00 0.00		44.64	69.00	49.29	10.44	1) 2) 3)	0.00 0.00 0.00	173.37	546.63 31962
Terrance E. Burton		Bricklayer	D	-	0	0	0	0	0 0		0.00 0.00	/					1) 2)	0.00		
(b) (6)	0		o s		8.00	8.00 8	0 8	3.00	0 0	0.00	0.00 0.00 29.17 8.61	1511.20	93.69	184.00	79.00	21.92	3)	0.00	378.61	1132.59 31963

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT		Wage DC <sup>2</sup> Det:	140	002 (Mod. <sup>-</sup>	13)			ADDRESS		d Washingto , MD 20601	n Road							
PAYROLL NO. 43.0		FOR WEEK EN 06/19/2016	DING	i				PROJECT Design/B Washing		ION storic Center	Building, I	Phase 2		PROJECT G14.3			CT NO. -11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS (3)	(3) WORK	15	MON TUE WE	D THU		SAT SUN	_	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions	- 1) Local 2) Local 3) Othe	l Tax 2	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP:	CLASSIFICATION	ST,	13 14 19 HOURS W			18   19 I DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТНЕ		TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Melvin E. Campos	1	Bricklayer	D O S	0 0 0 0 0 8.00 8.00			0 0	0.00	0.00 0.00 0.00 0.00 29.17 10.61	/	98.65	185.00	101.58	23.08	2) (	0.00 0.00 0.00	408.31	1182.89
Julio A. Canales	1	Bricklayer	D 0 S	0 0 0 0 0 8.00 8.00			0 0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	/	27.99	373.00	86.93	119.67	2) (	0.00 0.00 0.00	607.59	1322.57 31968
Jose M. Chicas	3	Bricklayer	D 0 8	0 0 0 0 0 8.00 8.00	<u> </u>	+	0 0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.70	149.00	76.00	21.91	2) (	0.00 0.00 0.00	340.61	1170.59 31970
Tyler W. Everhart	0	Laborer: Common/General	D 0 8	1 1	0 0 0		0 0	0.00	0.00 0.00 0.00 0.00 18.00 0.00		35.71	71.00	25.00	8.35	2) (	0.00 0.00 0.00	140.06	435.94 31982

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

		- W DO			/h #							2000 01	1344 11 4	- I							
NAME OF CONTRACTOR OR SUBCONTI	RACTOR	₹ ✓ Wage DC Det:	14C	0002	(IVIOC	1. 13)				ADDI	RESS		d Washingto MD 20601	n Road							
Atlantic Refinishing & Restoration, Inc.		Det.										vvaluoii,	IVID 2000 I								
PAYROLL NO.		FOR WEEK EN	DIN	G						PRO	JECT A	ND LOCATI	ION				PROJEC	T OR C	ONTRA	ACT NO.	
43.0		06/19/2016										uild of His on, DC	toric Center	Building,	Phase 2		G14.31	13-140	0/GS	-11P-14-M	M-C-0011
(1)	(2)	(3)	L		(4	) DAY A	AND [	DATE		(	(5)	(6)	(7)		(8)	* Other	Deductions				(9)
	NO. OF WITHHOLDING EXEMPTIONS		orD	MON	TUE	WED T	HU I	FRI SA	AT SU	JN				DE	DUCTIONS			<ol> <li>Loca</li> <li>Other</li> </ol>			NET
NAME, ADDRESS, AND	P 크림	WORK	ST, OT	13	14	15	16	17 1	8 19	9			GROSS		WITH-	I	ı	· ·			WAGES PAID
Identification Number OF EMPLOYEE	O.P.Y.	CLASSIFICATION	S		OURS	WORK	(FD F	EACH F	DAY		OTAL OURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	ОТН	FR*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
James D. Farris	220	Laborer:	D	1	0	0	0	0	0		0.00	0.00 0.00	352.00	110/1	I IAX	OWII	Wicdioarc	+	0.00	DEDOCTIONS	
odinos B. i dino	1	Common/General	0	1 1	0	0	0	0	0	_	0.00	0.00 0.00	002.00	54.56	78.00	41.00	12.76	1 '	0.00	186.32	693.68
	'		s		0.00	0 00 0	1	4.00					880.00	54.56	76.00	41.00	12.76	3)	0.00	100.32	
(b) (6)					2.00				0 1.0			22.00 0.00	/								31983
Fringe Detail: Vacation/ Holiday: \$12.1	7/\$0.76	31, Health & Welfare: \$2	6.08	3/\$1.6	3, vvc	orkers	Com	ıp: \$1.	30/\$0	).081,	Irainin	ig Fund: \$	3.92/\$0.245								
Roger H. Furrow, JR		Bricklayer	D	0	0	0	0	0	0	0 (	0.00	0.00 0.00	1511.20					1 '	0.00		
	1		0	0	0	0	0	0	0	0	0.00	0.00 0.00		93.69	266.00	78.00	21.92		0.00	459.61	1051.59
7370			s	8.00	8.00	8.00 8	3.00	8.00	0	0 4	0.00	29.17 8.61	1511.20					"	0.00		31985
	ı	1	l-	1 .1	.1	.1	.1	.I	.1	Л	1				ı	ı	ı	la)	0.00		ı
Mathew A. Garcia		Laborer: Common/General	D		0	0	0	0	_	_	0.00	0.00 0.00	720.00					1 '	0.00		
	0		0		0	0	0	0	0	0	0.00	0.00 0.00		44.64	93.00	31.00	10.44	1 '	0.00	179.08	540.92
9790			S	8.00	8.00	8.00 8	.00 8	8.00	0	0 4	0.00	18.00 0.00	720.00								31986
Jhoni G. Guzman		Bricklayer	D	-	0	0	0	0	0	_	0.00	0.00 0.00	1435.64					1 '	0.00		
	2		0	0	0	0	0	0	0	0	0.00	0.00 0.00	/	89.01	149.00	101.29	20.82	1 '	7.39	477.51	958.13
(b) (6)			S	6.00	8.00	8.00 8	3.00	8.00	0	0 3	8.00	29.17 8.61	1435.64								31997
Other Deduction Detail: Child Support:	115 39	Child Support Fee: 2.0	0																		

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.		Wage DC <sup>✓</sup> Det:	140	002 (	Mod	l. 13)				ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 43.0		FOR WEEK EN 06/19/2016	DINC	3						PROJECT Design/B Washing		on toric Center	Building,	Phase 2				TRACT NO. GS-11P-1	-MM-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS (4)	(3) WORK	lь		TUE	DAY AI	IU F	RI SA		_	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions ·	2) Local T		(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,			15 10 WORKE			8 19 DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER		
Jason W. Hartless 9787	0	Laborer: Common/General	0 0		0	0	0 0 0 8.	0	0 0	0.00	0.00 0.00 0.00 0.00 18.00 0.00	576.00 576.00	35.71	44.00	25.00	8.35	1) 0. 2) 0. 3) 0.	1 112	06 462.94 31998
John C. Hartless	0	Bricklayer	D 0 8	0	0 0 8.00	0	0 0 0 8.00 8.	0	0 C	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.70	286.00	79.00	21.91	1) 0. 2) 0. 3) 0.		51 1030.59 31999
Jaime A. Hernandez	3	Bricklayer	D 0 8		0 0 8.00	0	0 0 0 0 8.	0	0 0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	119.67	220.00	135.71	27.99	1) 0. 2) 0. 3) 0.		37 1426.79 32004
Miguel A. Herrera	0	Laborer: Common/General	D 0 8		0 0 8.00	0	0 0 0 8.00 8.	0	0 C	0.00	0.00 0.00 0.00 0.00 18.00 0.00	720.00	44.64	93.00	39.35	10.44	1) 0. 2) 0. 3) 0.	00	13 532.57 32006

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Refinishing & Restoration, Inc.		Wage DC1 Det:	140	002 (	Mod.	13)			,	ADDRESS		d Washingto MD 20601	n Road							
PAYROLL NO. 43.0		FOR WEEK ENI 06/19/2016	DING	3						PROJECT / Design/Bi Vashingt		on toric Center	Building, l	Phase 2		PROJECT G14.31			CT NO. -11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (C) EXEMPTIONS (C)	(3) WORK	151		TUE WE	D THU		SAT		(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions	2) Lo	cal Tax 1 cal Tax 2 her Dedu	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHC EXEMP	CLASSIFICATION	ST,		14 1 OURS W				_	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТІ		TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Jerrell A. Hodges 5700	0	Laborer: Common/General	0		Ĭ	1	0 0	Ĭ	0	0.00 0.00 16.00	0.00 0.00 0.00 0.00 21.00 0.00	336.00 672.00	41.67	85.00	30.00	9.74	1) 2) 3)	0.00 0.00 0.00	166.41	505.59 32007
Jesus P. JovelClimaco	1	Bricklayer	D O S	0 0 8.00	0	0 0		0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.70	266.00	78.00	21.91	1) 2) 3)	0.00 0.00 0.00	459.61	1051.59 32011
Clydie L. Kemp	0	Bricklayer	D O S	0 0 8.00	0	0 0 0		0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.69	286.00	79.00	21.92	1) 2) 3)	0.00 0.00 0.00	480.61	1030.59 32014
Kenneth L. Long	2	Bricklayer	D 0 S	0 0 8.00	0	0 0	0 0 0 0 0 8.00	0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.69	161.00	104.60	21.92	1) 2) 3)	0.00 0.00 0.00	381.21	1129.99 32020

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Refinishing & Restoration, Inc.	ACTOR	Wage DC Det:	140	0002	(Mod	d. 13)	)			AI	DDRESS		d Washington MD 20601	n Road							
PAYROLL NO. 43.0		FOR WEEK EN 06/19/2016		G						De	ROJECT / esign/Bu ashingt		ION toric Center	Building,	Phase 2		PROJECT G14.31			CT NO. -11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	l۵		TUE		THU	FRI S	SAT SU	_	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) Loc	cal Tax 1 cal Tax 2 ner Dedu	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,		14 OURS	15 WOR			18 1 DAY	_	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТН	HER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Amineen I. Manraj	1	Laborer: Common/General	D 0 S	0	0 0 8.00	0 8.00	0 0 8.00	0 8.00	0	0 0	0.00 0.00 38.00	0.00 0.00 0.00 0.00 18.00 0.00	684.00 684.00	42.41	76.00	30.66	9.92	1) 2) 3)	0.00 0.00 0.00	158.99	525.01 32023
Michael W. Meadows	0	Bricklayer	D O S	0	0 0 8.00	0 0 8.00	0 0 8.00	0 0 8.00	0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.69	184.00	79.00	21.92	1) 2) 3)	0.00 0.00 0.00	378.61	1132.59 32026
Douglas A. Monge	1	Bricklayer	D 0 S	0	0 0 8.00	0 0 8.00 3	0 0 8.00	0 0 8.00		0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.69	266.00	112.19	21.91	1) 2) 3)	0.00 0.00 0.00	493.79	1017.41 32033
Florencio MorenoRodriguez	2	Bricklayer	D 0 8	0	0 0 8.00	0 0 8.00 3	0 0 8.00	0 0 8.00		0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.69	247.00	77.00	21.91	1) 2) 3)	0.00 0.00 0.00	439.60	1071.60 32035

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR Atlantic Refinishing & Restoration, Inc.	ACTOR	✓ Wage DC <sup>2</sup> Det:	1400	002 (	Mod.	. 13)				ADDRESS		d Washingto , MD 20601	n Road							
PAYROLL NO. 43.0		FOR WEEK EN 06/19/2016	DING	i						PROJECT Design/B Washing		ION storic Center	Building, l	Phase 2			T OR CON 3-1400/			M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS (2)	(3) WORK	∃⊨L		rue w	DAY AI	IU FI	RI SA		(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions	1) Local 7 2) Local 7 3) Other	Гах 2	tions	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOUS EXEMP	CLASSIFICATION	ST,			15 1 WORKI				TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER	R* DI	TOTAL EDUCTIONS	PAID FOR WEEK/ Check No.
Carlos OseguedaGonvalez	1	Bricklayer	D O S	0 8.00	0 0 8.00 8	0	0 0 0.00	0	0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.69	266.00	78.00	21.92	2) 0.	00 00 00	459.61	1051.59 32040
Jesus Pena	3	Bricklayer	D	0 0 8.00	0 0 8.00 8	0	_	0	0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	/	93.70	149.00	102.41	21.91	2) 0.	00 00 00	367.02	1144.18 32044
Matthew T. Pruitt	6	Laborer: Common/General	D O S	0 0 8.00	0 0 8.00 8	0	_	0	0 0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 18.00 0.00		44.64	23.00	31.00	10.44	2) 0.	00 00 00	109.08	610.92 32045
Bernard Robinson	1	Bricklayer	D 0	0	0	<u> </u>	_	1	0 0	0.00	0.00 0.00	/	93.70	173.00	78.00	21.91	2) 0.	00 00 00	366.61	1144.59
(b) (6)			S	8.00	8.00 8	8.00	00 8.0	00	0 0	40.00	29.17 8.61	1511.20								32050

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.		Wage DC <sup>✓</sup> Det:	1400	002 (I	Mod. 1	13)				ADDRESS		d Washingto , MD 20601	n Road							
PAYROLL NO. 43.0		FOR WEEK EN 06/19/2016	DING	;					[	PROJECT . Design/B Washingt		ION storic Center	Building,	Phase 2		PROJEC G14.31			CT NO. -11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS (4)	(3) WORK	OT or DT		TUE WE	D THI		SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local 2) Local 3) Othe	I Tax 2	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST, OT		14   15 OURS W			18 H DA		TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHE	R*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Jose D. Rodas	0	Laborer/Skilled	D O S	0 8.00 8	0 0 8.00 8.00			0 0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 21.82 6.97	/	71.40	130.00	88.49	16.70	2) (	0.00	306.59	845.01 32051
Jaime D. Rodriguez	1	Bricklayer	D	0 0 8.00 8	0 0 8.00	0 (	0 0 0	0 0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	/	93.70	266.00	78.00	21.92	2) (	0.00 0.00 0.00	459.62	1051.58 32054
Enemecio Romero	0	Laborer: Common/General	D O S	0 0 8.00 8	0 0 8.00	0 (	0 0 0	0 0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 18.00 0.00		44.64	93.00	33.00	10.44	2) (	0.00 0.00 0.00	181.08	538.92 32058
Henry L. Simons, III		Bricklayer	D	0	0	0 (	0 0	0		0.00	0.00 0.00	1435.64						0.00		
(b) (6)	4		o s	8.00.8	8.00 8.0		0 8.00	0		0.00 38.00	0.00 0.00 29.17 8.61	1435.64	89.01	189.00	74.00	20.82		0.00	372.83	1062.81 32061

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.	ACTOR	Wage DC1 Det:	140	002 (	Mod	. 13)	)				ADDRESS		d Washingto MD 20601	n Road							
PAYROLL NO. 43.0		FOR WEEK ENI 06/19/2016	DINC	3						[	PROJECT A Design/Bo Washingt		ION Storic Center	Building, I	Phase 2			T OR CON 3-1400/		T NO. 11P-14-MI	M-C-0011
(1)	(2) SNOIL	(3) WORK	OT or DT	MON	TUE	VED .	THU		SAT		(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions	- 1) Local 7 2) Local 7 3) Other I	Гах 2	tions	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	ST, OT		14 DURS				18 1 DAY		TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER	R* D	TOTAL EDUCTIONS	PAID FOR WEEK Check No.
Ademir W. SortoEscobar	2	Bricklayer	0	0 8.00	0 0	0 0 8.00	0 8.00	0 0	0	0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.95	171.00	83.27	17.53	2) 0.	00 00 00	346.75	862.21 32065
Jaime A. SotoCaballero	2	Bricklayer	D 0 8	0 0 8.00	0 0 8.00 8	0 0 8.00 6	0 0 8.00	0 0 8.00	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.69	161.00	107.30	21.92	2) 0.	00 00 00	383.91	1127.29 32066
Lavarr M. Thomas	3	Laborer: Common/General	D 0 8	0 0 8.00	0 0 8.00 8	0 0 8.00	0 0 8.00	0 0 8.00	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 18.00 0.00		44.64	58.00	30.00	10.44	2) 0.	00 00 00	143.08	576.92 32069
Donald T. Walsh	1	Bricklayer	D 0 8		0 0	0			0	0 0	0.00	43.76 8.61	1642.12	101.81	299.00	85.00	23.81	2) 0.	00   00   00	509.62	1132.51
(b) (b)			٥	8.50	8.50 8	8.50	8.50	0.00	0	U	40.00	29.17 8.61	1642.13								32077

Date July 7th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Sandra Smith Payroll Supervisor	Each laborer or mechanic listed in the above referenced payroll has been paid, as
(Name of Signatory Party) (Title)	indicated on the payroll, an amount not less than the sum of the applicable basic
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employeed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
13th day of June , 2016 , and ending the 19th day of June , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Child Support, Child Support Fee	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Payroll #43
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Sandra Smith, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUB	CONTRACTOR	✓ Wage DC	140	002	(Mod.	13)			4	ADDRESS		d Washington	n Road							
Atlantic Refinishing & Restoration	n, Inc.	Det:									Waldorf,	MD 20601								
PAYROLL NO.		FOR WEEK EN	NDING	3							AND LOCAT					PROJEC	T OR CO	NTRA	CT NO.	
44.0		06/26/2016								Design/Bı Vashingt		storic Center	Building,	Phase 2		G14.31	13-1400	/GS	-11P-14-MI	M-C-0011
(1)	(2)	(3)	T_		(4)	DAY AN	D DAT	Έ		(5)	(6)	(7)		(8)	* Other	Deductions				(9)
	NO. OF WITHHOLDING EXEMPTIONS			MON	TUE	/ED THU	J FRI	SAT	SUN				DE	DUCTIONS			<ol> <li>Local</li> <li>Other</li> </ol>			NET
NAME, ADDRESS, AND	F TOLD	WORK	Į,	20	21	22 23	24	25	26			GROSS		I 14/1 <del>7</del> 11	ı	ı	<u> </u>	—		WAGES PAID
Identification Number OF EMPLOYEE	O.E.M.	CLASSIFICATION	ST,			WORKE				TOTAL	RATE	AMOUNT	FICA	WITH- HOLDING	SWH	Medicare	OTHE	.D.*	TOTAL	FOR WEEK/ Check No.
	I	Laborer:	D	1	JURS	i	1 1	H DAY	r O	HOURS	OF PAY	EARNED	FICA	TAX	SWH	iviedicare		0.00	DEDUCTIONS	CHECK NO.
Pedro A. Alvarez		Common/General			0	0 0	+		0	0.00	0.00 0.00	576.00					1 '	0.00		
	1		0	1 1	0	0 0	0	0	0	0.00	0.00 0.00		35.71	59.00	25.53	8.35		0.00	128.59	447.41
(b) (6)			S	8.00	8.00	.00	8.00	0	0	32.00	18.00 0.00	576.00								32093
Nelson E. BenitezRomero  (b) (6)	0	Bricklayer	D 0 S		0 0 8.00 8	0 0		0 0	0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61	/	74.95	210.00	61.00	17.53	2) (	0.00	363.48	845.48 32101
Cory A. Bridges	0	Laborer: Common/General	D 0	0 0	0 0	0 0		0	0	0.00	0.00 0.00	108.00	15.62	13.00	7.00	3.65	2) (	0.00	39.27	212.73
0690			S	0	0	0 0	6.00	0	0	6.00	18.00 0.00	252.00								32103
Jeffrey T. Brown		Laborer: Common/General	D 0		0 0 8.00 8	0 0	+	0 0	0 0	0.00	0.00 0.00		35.72	48.00	37.84	8.36	2) (	0.00 0.00 0.00	129.92	446.08
(D) (b)				8.00	0.00	.00	8.00	U	U	32.00	18.00 0.00	576.00								32105

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBC	CONTRACTOR	✓ Wage DC	140002 (Mod. 13)	ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 44.0		FOR WEEK EN 06/26/2016		PROJECT / Design/B Washingt		on toric Center	Building, I	Phase 2			r or contra 3-1400/GS	ACT NO. -11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SUN  O O O O O O O O O O O O O O O O O O O		(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions -	1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	20 21 22 23 24 25 26  HOURS WORKED EACH DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Terrance E. Burton	0	Bricklayer	D         0         0         0         0         0         0         0           O         0         0         0         0         0         0         0         0           S         8.00         8.00         8.00         0         8.00         0         0         0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.96	139.00	61.00	17.53	1) 0.00 2) 0.00 3) 0.00	292.49	916.47 32106
Melvin E. Campos	1	Bricklayer	D	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 10.61	1272.96 1591.20	98.66	185.00	101.58	23.07	1) 0.00 2) 0.00 3) 0.00	408.31	1182.89 32109
Julio A. Canales	1	Bricklayer	D	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.95	191.00	52.68	17.53	1) 0.00 2) 0.00 3) 0.00	336.16	872.80 32111
Jose M. Chicas	3	Bricklayer	D	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.95	104.00	58.00	7.53	1) 0.00 2) 0.00 3) 0.00	244.48	964.48 32113

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRA Atlantic Refinishing & Restoration, Inc.	ACTOR	Wage DC Det:	140	002 (	(Mo	d. 13)				ADDRESS		d Washingto , MD 20601	n Road							
PAYROLL NO. 44.0		FOR WEEK EN 06/26/2016	IDINO	G						PROJECT Design/B Washing		TION Storic Center	Building,	Phase 2		PROJECT			ACT NO. -11P-14-M	M-C-0011
(1) NAME, ADDRESS, AND	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	5		TUE		HU	FRI S	SAT SUN	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Loca 2) Loca 3) Othe	al Tax 2	2	(9) NET WAGES
Identification Number OF EMPLOYEE	NO. OF WITHHOUS EXEMP	CLASSIFICATION	ST,	$\perp$	21 OURS	22 Z S WORK			25 26 DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТН	ER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Tyler W. Everhart		Laborer: Common/General	0	0	0 8.00	0	0	0 0 8.00	0 C	0.00	0.00 0.00 0.00 0.00 18.00 0.00		35.71	71.00	25.00	8.35	2)	0.00 0.00 0.00	140.06	435.94 32124
James D. Farris		Laborer: Common/General	D 0 s		0 0 4.00	0 0	0 0	0 0	0 0	-	0.00 0.00 0.00 0.00 22.00 0.00		54.56	78.00	41.00	12.76	2)	0.00 0.00 0.00	186.32	693.68 32125
Fringe Detail: Vacation/ Holiday: \$12.17/	\$1.52°	I 1, Health & Welfare: \$2	6.08	3/\$3.26	5, W	orkers	Con	np: \$1	.30/\$0.			<i>y</i>								
Roger H. Furrow, JR	1	Bricklayer	D 0 8	0 0 8.00	0 0 8.00	0 0 8.00	0 0	0 0 8.00	0 0	-	0.00 0.00 0.00 0.00 29.17 8.61		74.96	191.00	60.00	17.53	2)	0.00 0.00 0.00	343.49	865.47 32127
					•	•	•	•	•											
Mathew A. Garcia		Laborer: Common/General	D O S		0 0 8.00	0 0 8.00	0 0	0 8.00	0 C	0.00	0.00 0.00 0.00 0.00 18.00 0.00		35.71	71.00	23.00	8.35	2)	0.00 0.00 0.00	138.06	437.94 32128

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR.	ACTOR	Wage DC Det:	140	002 (	(Mo	od. 13)				ADDRESS		ld Washingto	n Road							
Atlantic Refinishing & Restoration, Inc.  PAYROLL NO.  44.0		FOR WEEK EN 06/26/2016		G						PROJECT Design/li Washing		TION storic Center	Building,	Phase 2		PROJECT			ACT NO. -11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	占		TUE	4) DAY A	HU	FRI S	SAT SU	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) Loc	al Tax 1 al Tax 2 er Dedu	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,		21 OUR	22 2 S WORK			25 26 DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТН	IER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Jhoni G. Guzman	2	Bricklayer	D O S	0	0 8.00		0 0	0	0	0.00 0 0.00 0 16.00	0.00 0.00		49.88	55.00	51.11	11.66	2)	0.00 0.00 17.39	285.04	519.44 32139
Other Deduction Detail: Child Support: 1	15.39,	Child Support Fee: 2.0		11		1 1	- 1			10.00	20.11	90 11 10								02100
Jason W. Hartless	0	Laborer: Common/General	D O S	$\vdash$	0 0 8.50	0 0 8.50	0 0 0	0 0 6.00	0	0 0.00 0 0.00 0 31.50	0.00 0.00		35.15	43.00	24.00	8.22		0.00 0.00 0.00	110.37	456.63 32140
John C. Hartless 6152	0	Bricklayer	D O S	$\perp$	0 8.50	0 8.50	0 0	0 0 6.00		0 0.00 0 0.00 0 31.50	0.00 0.00	<b>↓</b> /	73.78	205.00	60.00	17.26	2)	0.00 0.00 0.00	356.04	834.03 32141
Jaime A. Hernandez	3	Bricklayer	D O S		0 8.00	0 0	0 0 0	0 0		0 0.00 0 0.00 0 16.00	0.00 0.00		57.63	62.00	56.16	13.48	2)	0.00 0.00 0.00	189.27	740.21 32146

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.	ACTOR	Wage DC1 Det:	140	002 (	(Мо	d. 13	)			,	ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 44.0		FOR WEEK ENI 06/26/2016	DINC	3							PROJECT A Design/Bu Vashingto		ION toric Center	Building,	Phase 2				TRACT NO. GS-11P-1	1-MM-C-0011
(1) NAME, ADDRESS, AND	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	ST, OT or DT		`	4) DAY WED	THU	FRI	SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) Local T		(9) NET WAGES
Identification Number OF EMPLOYEE	NO. OF WITHH EXEMP	CLASSIFICATION	ST,			S WOR			25 I DAY	_	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER	TOTA * DEDUCT	
Miguel A. Herrera	0	Laborer: Common/General	0	0 8.00	0 8.00	0	0	0 8.00	0 0	0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 18.00 0.00	576.00 576.00	35.72	71.00	30.71	8.36	1) 0.4 2) 0.4 3) 0.4	00	79 430.21 32147
Jesus P. JovelClimaco	1	Bricklayer	D 0 8	0 0 8.00	0 0 8.00	0 0 8.00	0 0 0	0 0 8.00	0 0 0	0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.95	191.00	60.00	17.53	1) 0.1 2) 0.1 3) 0.1	00	48 865.48 32152
Clydie L. Kemp	0	Bricklayer	D 0 8	0 0 8.00	0 0	0 0 8.00	0 0	0 0 8.00	0 0	0 0	0.00 0.00 24.00	0.00 0.00 0.00 0.00 29.17 8.61	/	56.22	135.00	44.00	13.14	1) 0.4 2) 0.4 3) 0.4	00	36 658.36 32155
Kenneth L. Long	2	Bricklayer	D 0 8		0 0 8.00	0 0 8.00	0 0 0	0 0 8.00	0 0	0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.96	115.00	81.18	17.53	1) 0.1 2) 0.1 3) 0.1	00	67 920.29 32161

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCON Atlantic Refinishing & Restoration, In		R ✓ Wage DC Det:	140	002 (	Mod	d. 13)				<i>A</i>	ADDRESS		d Washingto MD 20601	n Road							
PAYROLL NO.		FOR WEEK EN	IDIN	3								ND LOCATI					PROJEC	T OR CON	NTRA	CT NO.	
44.0		06/26/2016									Design/Bu Vashingt		toric Center	Building,	Phase 2		G14.3	13-1400/	/GS-	-11P-14-M	M-C-0011
(1)	(2)	(3)	占		(4	) DAY A	AND	DATE			(5)	(6)	(7)	DE.	(8) DUCTIONS	* Othe	r Deductions	- 1) Local - 2) Local -			(9)
	DING		OT or [		_	WED T				_				DE	DOCTIONS			3) Other			NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, (			22 2 S WORK	23 KED I		25 DAY	_	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER	₹*	TOTAL DEDUCTIONS	PAID FOR WEEK Check No.
Amineen I. Manraj		Laborer:	D	0	0	0	0	О	0	0	0.00	0.00 0.00	576.00	1				1 '	.00		
	1	Common/General	0	0	0	0	0	0	0	0	0.00	0.00 0.00		35.71	59.00	25.53	8.35		.00	128.59	447.41
(b) (6)			S	8.00	3.00	8.00	0	8.00	0	0	32.00	18.00 0.00	576.00					, ,			32164
Michael W. Meadows  (b) (6)	0	Bricklayer	О S		0	0 8.00	0 0	0 8.00	0 0	0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.96	139.00	61.00	17.53	2) 0	.00	292.49	916.47 32167
Douglas A. Monge		Bricklayer	D	o	0	0	0	0	0	o	0.00	0.00 0.00	302.24		I	1	I		.00		I
(b) (6)	1		0 S	0 8.00	0	0	0	0	0	0	0.00	0.00 0.00 29.17 8.61	1397.86	86.67	238.00	103.18	20.27		.00	448.12	949.74 32174
Florencio MorenoRodriguez  (b) (6)	2	Bricklayer	D 0 S		0 0 3.00	0 8.00	0 0	0 8.00	0 0	0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.96	171.00	59.00	17.53	2) 0	.00 .00 .00	322.49	886.47 32176

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR Atlantic Refinishing & Restoration, Inc.	Wage DC140002 (Mod. 13) Det:										ADDRESS		d Washingto MD 20601	n Road							
PAYROLL NO. 44.0		FOR WEEK EN 06/26/2016	DING	3						D	PROJECT / Design/B Vashingt		ION toric Center	Building, l	Phase 2		PROJEC G14.31			CT NO. -11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS (2)	(3) WORK	6		TUE	WED T	HU	FRI S	SAT S		(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions	2) Loc	cal Tax 1 cal Tax 2 ner Dedu		(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOUS EXEMP	CLASSIFICATION	ST,			22 2 S WORK				26	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТН	HER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Carlos OseguedaGonvalez	1	Bricklayer	D O S		0 0 8.00	0 0 8.00	0 0	0 8.00	0 0	0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.96	191.00	60.00	17.53	1) 2) 3)	0.00 0.00 0.00	343.49	865.47 32181
Jesus Pena	3	Bricklayer	D 0 S	0 0 8.00	0 0 8.00	0 0 8.00	0 0 0	0 0 8.00	0 0 0	0 0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.95	104.00	78.38	17.53	1) 2) 3)	0.00 0.00 0.00	274.86	934.10 32185
Matthew T. Pruitt	6	Laborer: Common/General	D 0 8		0 0 8.00	0 0 8.00	0 0 0	0 0 8.00	0 0 0	0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 18.00 0.00	576.00 576.00	35.71	7.00	23.00	8.35	1) 2) 3)	0.00 0.00 0.00	74.06	501.94 32186
Bernard Robinson		Bricklayer	Д	l ol	ol	ol	٥١	ol	٥١	ol	0.00	0.00 0.00	1511.20		ı I	I		1)	0.00		I
(b) (6)	1		0	0 8.00	0 8.00	0 8.00 8	0	0	0	0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.69	173.00	78.00	21.91	2)	0.00	366.60	1144.60 32191

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Refinishing & Restoration, Inc.		R ✓ Wage DC Det:	0002	(Mod	d. 13)				ADDRE	SS		d Washington MD 20601	n Road								
PAYROLL NO. 44.0		FOR WEEK EN 06/26/2016		G						PROJE Desigr Washi	n/Bu		ion toric Center	Building,	Phase 2				CONTRA	ACT NO. -11P-14-M	M-C-0011
(1)	(2) SNONC (2)	(3) WORK	6		TUE	WED TI	HU I	FRIS		_		(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) L	ocal Tax ocal Tax Other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	ST,		21 OURS	22 2 S WORK	23   : (ED E		25 26 DAY	TOT.		RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	0	THER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Jose D. Rodas	0	Laborer/Skilled	0	0	0 8.00	0 0	0 0	0		0 0.0 0 0.0 0 32.0	00	0.00 0.00 0.00 0.00 21.82 6.97	921.28	57.12	96.00	70.18	13.36	1) 2) 3)	0.00 0.00 0.00	236.66	684.62 32192
Jaime D. Rodriguez	1	Bricklayer	D O S	0	0 0 8.00	0 0 8.00	0 0 0 8	0 0 3.00	0	0 0.0 0 0.0 0 32.0	00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.95	191.00	60.00	17.53	1) 2) 3)	0.00 0.00 0.00	343.48	865.48 32196
Enemecio Romero	0	Laborer: Common/General	D 0 8	0	0 0 8.00	0 0 8.00	0 0 0 8	0 0 3.00	0	0 0.0 0 0.0 0 32.0	00	0.00 0.00 0.00 0.00 18.00 0.00	576.00	35.71	71.00	25.00	8.35	1) 2) 3)	0.00 0.00 0.00	140.06	435.94 32200
																		i			
Henry L. Simons, III	4	Bricklayer	D O S	-	0 0	0	0 0 0	0 0		0 0.0 0 0.0 0 8.0	00	0.00 0.00 0.00 0.00 29.17 8.61	302.24 902.24	55.94	73.00	44.00	13.08	1) 2) 3)	0.00 0.00 0.00	186.02	716.22 32203

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.	ACTOR	Wage DC Det:	140	002	(Mod	d. 13)				ADDRESS		d Washington , MD 20601	n Road							
PAYROLL NO. 44.0		FOR WEEK EN 06/26/2016		G						PROJECT Design/E Washing		ION storic Center	Building,	Phase 2		PROJECT G14.31			CT NO. -11P-14-M	M-C-0011
(1)	MO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	5		TUE		HU	FRI S	SAT SUN		(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Loca 2) Loca 3) Othe	I Tax 2	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	WITHHO EXEMP	CLASSIFICATION	ST,		21 OURS	22 2 S WORK			25 26 DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТНЕ	ER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Ademir W. SortoEscobar	2	Bricklayer	D O S	0	0 0 8.00	0 0 8.00	0 0	0 8.00	0 0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.96	171.00	83.27	17.53	2)	0.00 0.00 0.00	346.76	862.20 32207
Jaime A. SotoCaballero	2	Bricklayer	D 0 S		0 0 8.00	0 0 8.00	0 0	0 0 8.00	0 0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	/	74.96	115.00	83.27	17.53	2)	0.00 0.00 0.00	290.76	918.20 32208
Lavarr M. Thomas		Laborer: Common/General	D 0 S		0 0 8.00	0 0 8.00	0 0 0	0 0 8.00	0 0	1	0.00 0.00 0.00 0.00 18.00 0.00		35.71	36.00	22.00	8.35	2)	0.00 0.00 0.00	102.06	473.94 32211
Donald T. Walsh	1	Bricklayer	D 0 8		0 0 8.00	0 0 8.00 8	0 0 0.00	0 0 8.00	0 0	1	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.70	266.00	78.00	21.91	2)	0.00 0.00 0.00	459.61	1051.59 32218

Date July 7th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Sandra Smith Payroll Supervisor (Name of Signatory Party) (Title)  do hereby state:  (1) That I pay or supervise the payment of the persons employeed by	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)  Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)  20th day of June , 2016 , and ending the 26th day of June , 2016  all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said  Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company from the full Inc.) (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:  FICA, FWH, Medicare, State Tax, Child Support, Child Support Fee	(c) EXCEPTIONS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.  (3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.  (4) That:	REMARKS Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Payroll #44
<ul> <li>(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS</li> <li>in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.</li> </ul>	NAME AND TITLE:  Sandra Smith, Payroll Supervisor  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.	ACTOR	Wage DC1 Det:	Wage DC140002 (Mod. 13) Det:									d Washingto MD 20601	n Road							
PAYROLL NO. 45.0		FOR WEEK ENI 07/03/2016	DING	G						PROJECT / Design/B Washingt		on toric Center	Building, l	Phase 2		PROJEC G14.31			CT NO. 11P-14-MI	M-C-0011
(1)	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	15		TUE	DAY AI	HU FF	RI SA		(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions ·	1) Local 2) Local 3) Other	Tax 2		(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,	$\perp$		29 3 WORKI				TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHE	R*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Pedro A. Alvarez	1	Laborer: Common/General	D O S		0 0 8.00 8	0	0 0 0 6.0	0	0 0 0 0	0.00 0.00 38.00	0.00 0.00 0.00 0.00 18.00 0.00	684.00 684.00	42.41	76.00	30.66	9.92	2) 0	.00	158.99	525.01 32238
Jose C. Arevalo	3	Bricklayer	D 0 8	0	0 0 8.00 8	0	_	0	0 0 0	0.00 0.00 35.00	0.00 0.00 0.00 0.00 29.17 8.61	1322.30	81.98	121.00	87.39	19.18	2) 0	.00	309.55	1012.75 32241
Nelson E. BenitezRomero	0	Bricklayer	D O S		0 0 8.00 6	0		0	0 0 0 0	0.00 0.00 36.00	0.00 0.00 0.00 0.00 29.17 8.61	1360.08	84.33	248.00	70.00	19.72	2) 0	.00	422.05	938.03 32248
Michael C. Blaylock		Bricklayer	<b>D</b>	o	0	o	0	o	0 0	0.00	0.00 0.00	604.48						.00		
3598	0		0 S		0 8.00	_	0		0 0	0.00 16.00	0.00 0.00 29.17 8.61	604.48	37.47	36.00	24.00	8.76		.00	106.23	498.25 32250

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.	c Refinishing & Restoration, Inc.												d Washington MD 20601	n Road							
PAYROLL NO. 45.0		FOR WEEK EN 07/03/2016		G						Desig	gn/Βι	ND LOCATI uild of His on, DC	on toric Center	Building,	Phase 2		PROJECT G14.3			CT NO. -11P-14-M	M-C-0011
(1) NAME, ADDRESS, AND	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	lь					FRI S	SAT SU	_	5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) Loc	cal Tax 1 cal Tax 2 ner Dedu	2	(9) NET WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,			29 S WOR				⊢ то	TAL URS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТН	HER*	TOTAL DEDUCTIONS	FOR WEEK
Cory A. Bridges	0	Laborer: Common/General	D 0		0	0 8.00	0 8.00	0	0	0 0	0.00	0.00 0.00 0.00 0.00 18.00 0.00	540.00	33.48	54.00	23.00	7.83	1) 2) 3)	0.00 0.00 0.00	118.31	421.69 32251
Jeffrey T. Brown	2	Laborer: Common/General	D 0 8	$\vdash$	0 0 8.00	0 0 8.00	0 0 8.00	0 0 6.00	0	0 0	0.00	0.00 0.00 0.00 0.00 18.00 0.00	684.00	42.40	64.00	46.43	9.91	1) 2) 3)	0.00 0.00 0.00	162.74	521.26 32253
Terrance E. Burton	0	Bricklayer	D 0 8		0 0 8.00	0 0 8.00	0 0 8.00	0 0 6.00		0 0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1435.64	89.01	173.00	74.00	20.81	1) 2) 3)	0.00 0.00 0.00	356.82	1078.82 32254
Melvin E. Campos	1	Bricklayer	D 0 8		0 0	0 0 0	0 0 0	0 0		0 0	0.00	0.00 0.00 0.00 0.00 29.17 10.61	318.24 818.24	50.73	69.00	43.27	11.86	1) 2) 3)	0.00 0.00 0.00	174.86	643.38 32257

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTOR	Wage DC	140	002	(Mo	d. 13)	)			A	ADDRESS	2320 Old	d Washington	n Road							
Atlantic Refinishing & Restoration, Inc		Det:			(	u ,							MD 20601								
PAYROLL NO.		FOR WEEK EN	NDIN	G								ND LOCAT					PROJEC	T OR	CONTRA	ACT NO.	
45.0		07/03/2016	;								esign/Bu /ashingt		storic Center	Building, I	Phase 2		G14.3	13-14	100/GS	5-11P-14-M	M-C-0011
(1)	(2)	(3)	占		(4	4) DAY	AND	DATE			(5)	(6)	(7)		(8)	* Other	Deductions		ocal Tax 1 ocal Tax 2		(9)
	SNS		5	MON	TUE	WED 1	THU	FRI S	SATS	SUN				DE	DUCTIONS				ocar rax 2 other Dedu		NET
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	27	28	29	30	1	2	3	TOTAL	RATE	GROSS AMOUNT		WITH-			I		TOTAL	WAGES PAID FOR WEEK/
OF EMPLOYEE	S ≥ X	OEAGON TOATTOIN		H	OUR	S WOR	KED	EACH	DAY		HOURS	OF PAY	EARNED	FICA	HOLDING TAX	SWH	Medicare	ОТ	THER*	TOTAL DEDUCTIONS	Check No.
Julio A. Canales		Bricklayer	D		0	0	0	0	0	0	0.00	0.00 0.00	1435.64	,				1)	0.00		
	1		0		0	0	0	0	0	0	0.00	0.00 0.00		89.01	247.00	63.44	20.81	3)	0.00	420.26	1015.38
(b) (6)			S	8.00	8.00	8.00	8.00	6.00	0	0	38.00	29.17 8.61	1435.64								32259
Jose M. Chicas	3	Bricklayer	D 0 S	0	0 0 8.00	0 0 8.00 8	0 0 8.00	0 0 6.00	0 0	0 0 0	0.00 0.00 38.00	0.00 0.00 0.00 0.00 29.17 8.61	/	89.01	138.00	71.00	20.82	1) 2) 3)	0.00 0.00 0.00	318.83	1116.81 32262
Tyler W. Everhart	0	Laborer: Common/General	D 0		0	0 0	0 0	0	0 0	0 0	0.00	0.00 0.00	/	44.64	93.00	33.00	10.44	1) 2) 3)	0.00 0.00 0.00	181.08	538.92
(b) (6)			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	18.00 0.00	720.00					Ĺ			32274
	ı	I						1		1		1	ı		, ,	1 1	ı	Lo	0.001		ı
Roger H. Furrow, JR		Bricklayer	D		0	0	0	0	0	0	0.00	0.00 0.00	1435.64					1)	0.00		
	1		0		0	0	0	0	0	0	0.00	0.00 0.00	/	89.01	247.00	73.00	20.81	3)	0.00	429.82	1005.82
7370			S	8.00	8.00	8.00	B.00	6.00	0	0	38.00	29.17 8.61	1435.64								32277

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.	ACTOR	Wage DC1 Det:	1400	002 (	Mod	. 13)				ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 45.0		FOR WEEK END 07/03/2016	DING	3								ION toric Center	Building, l	Phase 2			T OR CONT 3-1400/G	RACT NO. S-11P-14-M	IM-C-0011
(1) NAME, ADDRESS, AND	NO. OF WITHHOLDING (2) EXEMPTIONS (4)	(3) WORK	151		TUE	DAY A	HU FI	RI SA	T SUN	(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,			29 3 WORK				TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/
Mathew A. Garcia	0	Laborer: Common/General	D 0	0	0	0	0	0	0 0	0.00	0.00 0.00	630.00	39.06	79.00	26.00	9.14	1) 0.00 2) 0.00 3) 0.00	152.20	476.80
9790			3	5.00	8.00	8.00 8.0	00 6.0	00	0 0	35.00	18.00 0.00	630.00							32278
Jhoni G. Guzman	2	Bricklayer	D O S	0	0 0			0	0 0 0 0 0 0	0.00 0.00 22.00	0.00 0.00 0.00 0.00 29.17 8.61	831.16 1231.16	76.33	119.00	82.04	17.85	1) 0.00 2) 0.00 3) 117.3	112.61	818.55 32290
Other Deduction Detail: Child Support:	115.39	, Child Support Fee: 2.00	0			•	•												
Jason W. Hartless	0	Laborer: Common/General	D 0	0 0 8.50	0 0 8 50	0 0 8.00 8.1		0	0 0	0.00 0.00 39.00	0.00 0.00 0.00 0.00 18.00 0.00		43.53	63.00	32.00	10.18	1) 0.00 2) 0.00 3) 0.00	140.74	553.29 32291
9787			101	0.50	0.00	0.00	00   0.1	<u> </u>	<u> </u>	39.00	18.00 0.00	702.00							32291
John C. Hartless	0	Bricklayer	0		0			0	0 0	0.00	0.00 0.00		58.56	144.00	46.00	13.69	1) 0.00 2) 0.00 3) 0.00	) 262.25	682.25
6152			5	8.50	8.50	0 8.0	00	0	0 0	25.00	29.17 8.61	944.50							32292

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO	NTRACTOR	. ✓ Wage DC	140	002	(Mo	d 13	<u> </u>			1	ADDRESS	2320 Old	d Washington	n Road							
Atlantic Refinishing & Restoration, Ir		Det:		.002	(1110	u. 10	,						MD 20601								
PAYROLL NO.		FOR WEEK EN	NDIN	G								AND LOCAT					PROJEC	T OR	CONTRA	ACT NO.	
45.0		07/03/2016									Design/B Vashingt		storic Center	Building, I	Phase 2		G14.3	13-14	400/GS	-11P-14-M	M-C-0011
(1)	(2)	(3)			(4	4) DAY	AND	DATE	•		(5)	(6)	(7)		(8)	* Other	Deductions				(9)
	SNG NS		or DT	MON	TUE	WED	THU	FRI	SAT	SUN				DE	DUCTIONS				ocal Tax :		NET
NAME, ADDRESS, AND	P 크림	WORK	ST, OT	27	28	29	30	1	2	3			GROSS		WITH-	ı	ı	1			WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	S			S WOR				_	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	01	THER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
Jaime A. Hernandez		Bricklayer	D	1	0	0	0	О	0	0	0.00	0.00 0.00	ام ا					1)	0.00		
	3		0	0	0	0	0	0	0	0	0.00	0.00 0.00		76.33	107.00	80.14	17.85	2)	0.00	281.32	949.84
(b) (6)			S	0	0	8.00	8.00	6.00	0	0	22.00	29.17 8.61	1231.16					'			32297
Miguel A. Herrera	0	Laborer: Common/General	D O S	0	0 8.00	0 0 8.00	0 0 8.00	0 0 6.00	0 0	0 0	0.00 0.00 38.00	0.00 0.00 0.00 0.00 18.00 0.00		42.40	87.00	37.19	9.91	1) 2) 3)	0.00 0.00 0.00	176.50	507.50 32298
Jesus P. JovelClimaco		Bricklayer	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1435.64					1)	0.00		
(b) (6)	1		0 S		8.00	8.00	0 8.00	6.00	0	0	0.00 38.00	0.00 0.00 29.17 8.61	1435.64	89.01	247.00	73.00	20.82	2) 3)	0.00	429.83	1005.81 32302
Clydie L. Kemp	0	Bricklayer	D		0		0	0	0	0	0.00	0.00 0.00	/	89.01	267.00	74.00	20.82	1) 2) 3)	0.00 0.00 0.00	450.83	984.81
(b) (6)			S	8.00	8.00	8.00	8.00	6.00	0	0	38.00	29.17 8.61	1435.64					3,	0.00		32305

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO		Wage DC <sup>∕</sup> Det:	40002 (Mod. 13)	ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 45.0		FOR WEEK EN 07/03/2016	DING	PROJECT Design/B		on toric Center	Building, I	Phase 2			T OR CONTRA 3-1400/GS	ACT NO. -11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS (	(3) WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SUI	(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions -	1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	27 28 29 30 1 2 3 HOURS WORKED EACH DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Robert L. Limbrick	0	Bricklayer	D         0         0         0         0         0         0           O         0         0         0         0         0         0         0           S         8.00         8.00         8.00         8.00         6.00         0         0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1435.64	89.01	247.00	73.00	20.81	1) 0.00 2) 0.00 3) 0.00	429.82	1005.82
Hector A. Lobo	0	Bricklayer	D	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1435.64	89.01	267.00	74.00	20.82	1) 0.00 2) 0.00 3) 0.00	450.83	984.81 32310
Kenneth L. Long	2	Bricklayer	D	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1435.64	89.01	149.00	98.74	20.81	1) 0.00 2) 0.00 3) 0.00	357.56	1078.08 32311
Michael W. Meadows	0	Bricklayer	D	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1435.64	89.01	173.00	74.00	20.81	1) 0.00 2) 0.00 3) 0.00	356.82	1078.82 32317

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR Atlantic Refinishing & Restoration, Inc.	ACTOR	✓ Wage DC Det:	140	002	(Mo	d. 13)	)			ADDRESS		d Washingto , MD 20601	n Road							
PAYROLL NO. 45.0		FOR WEEK EI 07/03/2016		G						PROJECT Design/E Washing		ION storic Center	Building,	Phase 2			T OR CON			И-С-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	l۶		TUE		THU	FRI S	SAT SU	_	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local <sup>-</sup> 2) Local <sup>-</sup> 3) Other	Гах 2	ons	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,	$\vdash$	28 OURS	29 S WOR	30 KED		2 3	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER	R* DEI	TOTAL DUCTIONS	PAID FOR WEEK/ Check No.
Douglas A. Monge	1	Bricklayer	D 0 S	0	0 0	Ĭ,	0 0 8.00	0 6.00	0	0 0.00 0 0.00 0 14.00	0.00 0.00 0.00 0.00 29.17 8.61		69.99	171.00	81.80	16.37	2) 0	.00	339.16	789.76 32324
Florencio MorenoRodriguez	2	Bricklayer	D 0 8	0	0 0 8.00	0 0 8.00	0 0	0 0 6.00	0	0 0.00 0 0.00 0 30.00	0.00 0.00 0.00 0.00 29.17 8.61	1 / 1	70.27	152.00	55.00	16.43	2) 0	00 00 00	293.70	839.70 32326
Carlos OseguedaGonvalez	1	Bricklayer	D 0 8	0	0 0 8.00	0 0 8.00 8	0 0 8.00	0 0 6.00		0 0.00 0 0.00 0 38.00	0.00 0.00 0.00 0.00 29.17 8.61		89.01	247.00	73.00	20.81	2) 0	.00 .00 .00	429.82	1005.82 32332
Jesus Pena	3	Bricklayer	D 0 8	0	0 0 8.00	0 0 8.00	0 0 8.00	0 0 6.00		0 0.00 0 0.00 0 38.00	0.00 0.00 0.00 0.00 29.17 8.61		89.01	138.00	96.40	20.82	2) 0	.00	344.23	1091.41 32335

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR	RACTOR	Wage DC	140	0002	(Mo	d. 13	)				ADDRESS	2320 Ol	d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc.		Det:			(		,						, MD 20601								
PAYROLL NO.		FOR WEEK EN	IDIN	G								AND LOCAT					PROJEC	TOR	CONTRA	ACT NO.	
45.0		07/03/2016									Design/Bı Vashingt		storic Center	Building,	Phase 2		G14.3	13-14	100/GS	-11P-14-M	M-C-0011
(1)	(2)	(3)	10		(4	4) DAY	AND	DATE	=		(5)	(6)	(7)		(8)	* Other	Deductions		cal Tax		(9)
	SNC		5	MON	TUE	WED	THU	FRI	SAT	SUN				DE	DUCTIONS				ther Ded		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	27	28	29	30	1	2	3	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING			1		TOTAL	PAID FOR WEEK/
OF EMPLOYEE	8 2 3		_	H	IOUR	S WOR	KED	EACH	I DAY	·	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	ОТ	HER*	DEDUCTIONS	Check No.
Matthew T. Pruitt		Laborer: Common/General	D		0	0	0	0	0	0	0.00	0.00 0.00	522.00					1)	0.00		
	6	Common Comora	0	1 1	0		0	0	0	0	0.00	0.00 0.00	1 / 1	32.37	1.00	20.00	7.57	3)	0.00	60.94	461.06
(b) (6)			S	5.00	8.00	8.00	8.00	0	0	0	29.00	18.00 0.00	522.00								32336
Bernard Robinson	1	Bricklayer	D O S	0	0 8.00	0 8.00	0 8.00	0 8.00	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	/	93.70	173.00	78.00	21.91	1) 2) 3)	0.00 0.00 0.00	366.61	1144.59 32341
Jose D. Rodas		Laborer/Skilled	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1094.02					1)	0.00		
(b) (6)	0		o s	8.00	0 8.00	8.00	0 8.00	6.00	0	0	0.00 38.00	0.00 0.00 21.82 6.97	/	67.83	122.00	83.92	15.86	3)	0.00	289.61	804.41 32342
Jaime D. Rodriguez		Bricklayer	D		0	0	0	0	0	0	0.00	0.00 0.00	1133.40					1) 2)	0.00		_
	1		0		0	0	0	0	0	0	0.00	0.00 0.00	] /	70.27	172.00	56.00	16.43	3)	0.00	314.70	818.70
(b) (6)			S	0	8.00	8.00	8.00	6.00	0	0	30.00	29.17 8.61	1133.40								32346

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBC	ONTRACTOR	Wage DC	40002 (Mod. 13)	ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 45.0		FOR WEEK EN 07/03/2016	DING			on toric Center	Building, I	Phase 2			T OR CONTRA 3-1400/GS	ACT NO. 3-11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (S) EXEMPTIONS	(3) WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SUI	(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions -	1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHC EXEMP	CLASSIFICATION	27 28 29 30 1 2 3  HOURS WORKED EACH DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Enemecio Romero	0	Laborer: Common/General	D         0         0         0         0         0         0         0           O         0         0         0         0         0         0         0         0           S         0         8.00         8.00         8.00         6.00         0         0         0	0.00	0.00 0.00 0.00 0.00 18.00 0.00	540.00	33.48	66.00	23.00	7.83	1) 0.00 2) 0.00 3) 0.00	130.31	409.69 32350
James H. Skinner, JR 7741	0	Bricklayer	D	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1133.40	70.27	116.00	56.00	16.44	1) 0.00 2) 0.00 3) 0.00	258.71	874.69 32354
Ademir W. SortoEscobar	2	Bricklayer	D         0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1435.64	89.01	228.00	101.29	20.82	1) 0.00 2) 0.00 3) 0.00	439.12	996.52 32357
Jaime A. SotoCaballero	2	Bricklayer	D	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1435.64	89.01	149.00	101.29	20.81	1) 0.00 2) 0.00 3) 0.00	360.11	1075.53 32358

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 13)  Atlantic Refinishing & Restoration, Inc.  PAYROLL NO. FOR WEEK ENDING												ADDRESS		d Washingto , MD 20601	n Road							
PAYROLL NO. 45.0			FOR WEEK EN 07/03/2016	DIN	G						[			TION storic Center	Building,	Phase 2		PROJECT G14.31			ACT NO. S-11P-14-M	M-C-0011
(1)	(2) SNOIL		(3) WORK	(4) DAY AND DATE    (4) DAY AND DATE    (5)   (6)   (7								(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	r Deductions	2) L	ocal Tax ocal Tax other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLA	SSIFICATION	ST,					EACI			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	0-	THER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Lavarr M. Thomas	3	Laborer: Commor	: n/General	D 0 S	0	0 8.00	0	0 0 8.00	l i	0	0 0	0.00 0.00 24.00	0.00 0.00 0.00 0.00 18.00 0.00		26.78	16.00	14.00	6.26	1) 2) 3)	0.00 0.00 0.00	62.04	368.96 32361
Donald T. Walsh		Bricklaye	er	  D	0	l 0		0	l ol	ol	l ol	0.00		1615.94			1		1)	0.00		<u> </u>
(b) (6)	1	2onaye	<b>.</b>	0	0	0 8.50	_	0 8.50	2.00	0	0	2.00	43.76 8.61 29.17 8.61		100.19	292.00	84.00	23.44	2)	0.00	400.63	1116.31 32368

Date July 15th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Sandra Smith Payroll Supervisor	✓ • Each laborer or mechanic listed in the above referenced payroll has been paid, as
(Name of Signatory Party) (Title) do hereby state:	indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	(c) EXCEPTIONS
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
27th day of June , 2016 , and ending the 3rd day of July , 2016 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Child Support, Child Support Fee	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Payroll #45
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:  SIGNATURE  SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been	Sandra Smith, Payroll Supervisor (b) (6)
or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTE	PACTOR	₹ ✓ Wage DC	1 40	002	Mod	12)			1	ADDRESS	2320 01/	d Washingto	n Poad							
Atlantic Refinishing & Restoration, Inc.	(AOTOI	Det:	140	1002 (	įviou	. 13)				ADDITEGO		, MD 20601	TROAG							
PAYROLL NO.		FOR WEEK EN	DINI							DD0 1507		1011					T 00 0	ON TO	07.110	
46.0		07/10/2016	יאווטו	G							AND LOCATI uild of His	toric Center	Building,	Phase 2		PROJEC			-11P-14-M	M C 0011
			_							Washing										
(1)	(2)	(3)	占		(4)	DAY A	ND D	DATE		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Loca 2) Loca			(9)
	SNO		OT or [	MON	TUE	VED TH	HU F	RI SA	TSUN	l			DE	DUCTIONS			3) Othe			NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, O	4	5	6 7	7 8	8 9	10	1	DATE	GROSS		WITH-						PAID FOR WEEK
OF EMPLOYEE	S E S	CLASSIFICATION			OURS	WORK	ED E	ACH D	AY	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	ОТН	ER*	TOTAL DEDUCTIONS	
Pedro A. Alvarez		Laborer: Common/General	D	o	0	0	0	o	0 0	0.00	0.00 0.00	540.00		Ì			1 '	0.00		
	1	Common/General	0	0	0	0	0	0	0 0	0.00	0.00 0.00	/	33.48	54.00	23.82	7.83	1 '	0.00	119.13	420.87
(b) (6)			S	0	0	8.00 8.0	00 8.	.00 6.0	0 0	30.00	18.00 0.00	540.00					,	0.00		32389
Jose C. Arevalo 5679	3	Bricklayer	D 0 S	0	0 0	0	0 0 0	_	0 0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	/	57.59	62.00	56.11	13.47	2)	0.00 0.00 1.23	260.40	668.52 32392
Other Deduction Detail: Child Support:	69.23,	Child Support Fee: 2.00	)																	
Notice F. Berite-Berein	I	Bricklayer	ام	ا. ا	ا۔	اہ	.1	ا	ـا ـ	۱	ı	1 1		1 1		I	la)	0.00		I
Nelson E. BenitezRomero		Біскіауеі	D		0		0		0 0		0.00 0.00	1208.96					1 '	0.00		
	0		0		0		0		0 0	0.00	0.00 0.00	/	74.95	210.00	61.00	17.53		0.00	363.48	845.48
(b) (6)			S	0	2.00	8.00 8.0	00 8.	.00 6.0	0 0	32.00	29.17 8.61	1208.96								32399
Cory A. Bridges		Laborer: Common/General	D		0	0	0	0	0 0	0.00	0.00 0.00	468.00					1 '	0.00		
	0	Common/General	0	0	0	0	0	0	0 0	0.00	0.00 0.00	/	29.02	43.00	19.00	6.79		0.00	97.81	370.19
0690			S	0	2.00	8.00 8.0	00 8.	.00	0 0	26.00	18.00 0.00	468.00						,		32401

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

PAYROLL NO. 46.0		FOR WEEK EN									d Washington , MD 20601								
		07/10/2016	7/10/2016 I								AND LOCAT uild of His on, DC	ION storic Center	Building, I	Phase 2			T OR CONT 3-1400/G	RACT NO. S-11P-14-W	M-C-0011
(1)	(2) SNOIL SNOIL	(3)	OT or DT		TUE	WED 1	THU	FRIS	SAT SUN		(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	WO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,		5 OURS	6 S WOR			9 10 DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Jeffrey T. Brown		Laborer: Common/General	D 0 S	0	0 0 2.00	0 0 8 00 8	0 0 8.00 8	0	0 0	0.00	0.00 0.00 0.00 0.00 18.00 0.00		35.72	48.00	37.84	8.36	1) 0.0 2) 0.0 3) 0.0	100.00	446.08 32403
Terrance E. Burton	0	Bricklayer	D 0 s	0	0 0	0 0 8.00 8	0 0 8.00 8	0 0 8.00	0 0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	/	56.22	94.00	44.00	13.15	1) 0.0 2) 0.0 3) 0.0	007.07	699.35 32404
Julio A. Canales	1	Bricklayer	D 0 8	0	0 0	0 0 8.00 8	0 0 8.00 8	0 0 0 3.00 6	0 C	0.00	0.00 0.00 0.00 0.00 29.17 8.61	/	70.28	172.00	49.09	16.44	1) 0.0 2) 0.0 3) 0.0	0 207.04	825.59 32409
Jose M. Chicas	3	Bricklayer	D 0 s	0	0	0	0	0	0 0		0.00 0.00	/	70.27	92.00	54.00	16.43	1) 0.0 <sup>o</sup> 2) 0.0 3) 0.0	000.70	900.70

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

			4.40			4.0\					2000 01	114/ 11 /	-							
NAME OF CONTRACTOR OR SUBC	ONTRACTOR	Wage DC Det:	140	1002 (	Mod	. 13)			-   '	ADDRESS		d Washington	n Road							
Atlantic Refinishing & Restoration,	Inc.	Det.									waldon,	MD 20601								
PAYROLL NO.		FOR WEEK EN	IDIN	G							AND LOCAT					PROJEC	T OR C	ONTRA	ACT NO.	
46.0		07/10/2016								Design/B Washingt		toric Center	Building,	Phase 2		G14.31	13-140	)0/GS	-11P-14-M	M-C-0011
(1)	(2)	(3)	L		(4)	DAY AN	ID DAT	Έ		(5)	(6)	(7)		(8)	* Other	Deductions				(9)
	NO. OF WITHHOLDING EXEMPTIONS		or DT	MON	TUE	/ED TH	U FRI	SAT	SUN				DE	DUCTIONS				cal Tax 2 ner Dedu		NET
NAME. ADDRESS. AND	OF D	WORK	6	-		6 7			10										20110110	WAGES PAID
Identification Number	P. F. B	CLASSIFICATION	ST,	$\vdash$					_	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING					TOTAL	FOR WEEK
OF EMPLOYEE	N S S M			HO	OURS	WORKE	DEAC	H DAY	′	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	OTH		DEDUCTIONS	Check No.
Tyler W. Everhart		Laborer:	D	0	0	0	0 0	0	0	0.00	0.00 0.00	540.00					1)	0.00		
	0	Common/General	0	0	0	0	0 0	0	0	0.00	0.00 0.00	1 /	33.48	66.00	23.00	7.83	2)	0.00	130.31	409.69
(b) (6)			s	0	0 8	3.00 8.00	8.00	6.00	0	30.00	18.00 0.00	540.00					3)	0.00		32424
(3) (6)											L ,									
James D. Farris	1	Laborer: Common/General	D 0 S	0		0 0			0 0 1.00	0.00 0.00 12.00	0.00 0.00 0.00 0.00 22.00 0.00	880.00	54.56	78.00	41.00	12.76	1) 2) 3)	0.00 0.00 0.00	186.32	693.68 32425
Fringe Detail: Vacation/ Holiday: \$	12.17/\$1.01	4, Health & Welfare: \$2	6.08	3/\$2.17	73, Wo	orkers (	Comp:	\$1.30	0/\$0.	108, Train	ing Fund:	\$3.92/\$0.327								
	ı	I				1					ı			1	ı	i	1			1
Roger H. Furrow, JR		Bricklayer	D	0	0	0	0 0	0	0	0.00	0.00 0.00	906.72					1)	0.00		
	1		0	0	0	0	0 0	0	0	0.00	0.00 0.00	/	56.21	115.00	43.00	13.15	2)	0.00	227.36	679.36
7370			s	0	0 8	3.00 8.00	0 8.00	0	0	24.00	29.17 8.61	906.72					3)	0.00		32427
1010											L ,	<u> </u>								<u> </u>
Mathew A. Garcia		Laborer:	D	0	О	0	0 0	О	О	0.00	0.00 0.00	432.00					1)	0.00		
	0	Common/General	0	0	0	0	0 0	0	0	0.00	0.00 0.00	/	26.78	49.00	15.00	6.26	2)	0.00	97.04	334.96
9790			s		0 8		0 8.00	0	0	24.00	18.00 0.00	432.00	20.70	45.00	10.00	0.20	3)	0.00	57.04	32428
			_																_	

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTOR	R ✓ Wage DC	140	0002	(Mod	l. 13)				ADDRESS	2320 Ol	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc		Det:									Waldorf,	, MD 20601							
PAYROLL NO.		FOR WEEK EN		G							AND LOCAT	ION storic Center	Building	Dhaca 2			T OR CONT		
46.0		07/10/2016								Washingt		storic Ceriter	Dulluling,			G14.3	13-1400/G	S-11P-14-M	M-C-0011
(1)	(2)	(3)	ᆸ			DAY AI				(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta 2) Local Ta		(9)
NAME ADDDESS AND	DLDIN(	WORK	5	$\vdash$		WED TH							DL.	200110110			3) Other De	ductions	NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	ST,		5	6 7				TOTAL	RATE	GROSS AMOUNT	FICA	WITH- HOLDING	SWH	Madiaara	OTHER*	TOTAL	PAID FOR WEEK/ Check No.
Jhoni G. Guzman		Bricklayer	D		0085	i	0	0 0	1	HOURS 0.00	0.00 0.00	906.72	FICA	TAX	SWH	Medicare	1) 0.00	DEDUCTIONS )	CHECK NO.
	2		0	0	0	0	0	0 0	0	0.00	0.00 0.00	1 / 1	68.62	100.00	75.14	16.05	2) 0.00 3) 117.39	077.00	729.52
(b) (6)			s	0	2.00	8.00 8.0	00	0 6.00	0	24.00	29.17 8.61	1106.72					3) 117.3	'	32440
Other Deduction Detail: Child Support:	115.39	, Child Support Fee: 2.0	00			•		•											
Jaime A. Hernandez	ı	Bricklayer	Ь	ام ا	اه	ما	ا ،	ol c	اه اه	0.00	0.00 0.00	1435.64					1) 0.00	) l	I
Jaime A. Hemandez	3	J. ioi.iiay e.	0	-	0	0	0	0 0			0.00 0.00	1 / 1	89.01	138.00	96.40	20.82	2) 0.00	) 244 22	1091.41
(b) (6)			S	$\vdash$	8.00	8.00 8.0	00 8.0	00 6.00	0		29.17 8.61	/	00.01	100.00	00.10	20.02	3) 0.00	)	32445
																	•		
Miguel A. Herrera	ı	Laborer:	Ь	ا ا	اه	اه	ا ه	ol c	اه اه	0.00	0.00 0.00	540.00					1) 0.00	ol.	I
Miguel A. Fierrera	0	Common/General	0		0		-	0 0			0.00 0.00	1 / 1	33.48	66.00	28.55	7.83	2) 0.00	105.00	404.14
(b) (6)			S		0	8.00 8.0	00 8.0	00 6.00	0	30.00	18.00 0.00	/	00.10	00.00	20.00	7.00	3) 0.00	1 100.00	32446
	1										·	<u>/</u>							1
Janua D. Jawal Climana	ı	Bricklayer	ام	اء ا	اء	اء	اء	ا ا	اہ ا	۱ ۵۵۵	I	1 1				I	1) 0.00	n I	I
Jesus P. JovelClimaco	1	ыскауег	D	-	0		_	0 0		0.00		1133.40	70.27	172.00	56.00	46.40	2) 0.00	) 244.70	818.70
(b) (6)	'		s				0 8.0			30.00	0.00 0.00 29.17 8.61	1133.40	10.21	172.00	00.00	16.43	3) 0.00	) 314.70	32450
	1	1									1	/					1		100

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCON Atlantic Refinishing & Restoration, In		Wage DC Det:	140	002 (	Mod. 1	13)		A	DDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 46.0		FOR WEEK EN 07/10/2016	IDIN	G				D	ROJECT / esign/Bu /ashingt		on toric Center	Building,	Phase 2			T OR CONTI	RACT NO. S-11P-14-M	/M-C-0011
(1)	(2) SYDING (2)	(3) WORK	OT or DT		TUE WEI	D THU	SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	r Deductions	- 1) Local Ta: 2) Local Ta: 3) Other De	< 2	(9) NET WAGES
NAME. ADDRESS. AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	ST,		5 6			10	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK Check No.
Clydie L. Kemp	0	Bricklayer	D 0 S	0	0 0	0 0	0	0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.95	210.00	61.00	17.53	1) 0.00 2) 0.00 3) 0.00	) 200 40	845.48 32453
Robert L. Limbrick	0	Bricklayer	D 0 s	0	0 0	<u> </u>	0	0 0 0	0.00 0.00 24.00	0.00 0.00 0.00 0.00 29.17 8.61	906.72	56.22	115.00	43.00	13.15	1) 0.00 2) 0.00 3) 0.00	) 007.07	679.35 32457
Hector A. Lobo	0	Bricklayer	D 0 s	0	0 0	0 0 0 0 0 8.00	0 0 6.00	0 0 0	0.00 0.00 30.00	0.00 0.00 0.00 0.00 29.17 8.61	1133.40	70.27	191.00	57.00	16.43	1) 0.00 2) 0.00 3) 0.00	) 004.70	798.70 32458
Kenneth L. Long	2	Bricklayer	D 0 8	0	0 0		 0	0 0 0	0.00 0.00 30.00	0.00 0.00 0.00 0.00 29.17 8.61	1133.40	70.27	104.00	75.32	16.44	1) 0.00 2) 0.00 3) 0.00	)	867.37 32459

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO	ntic Refinishing & Restoration, Inc.												n Road						
PAYROLL NO. 46.0		FOR WEEK EN 07/10/2016	DING	3					Des	sign/B	AND LOCATI uild of His on, DC	ION toric Center	Building,	Phase 2			T OR CONT 13-1400/G	RACT NO. S-11P-14-M	1M-C-0011
(1)	CO) SIONOR (C) SIONOR (C)	(3)	MON TI	UE WE	THU		SAT SL		(5)	(6)	(7)	DE	(8) DUCTIONS	* Othe	r Deductions	- 1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES	
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT		5 6 JRS WO		8 EACH	9 1 DAY	- 1	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK Check No.
Amineen I. Manraj	1	Laborer: Common/General	D O S	0	0 0	1	0	0 0 5.00	0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 18.00 0.00	576.00 576.00	35.71	59.00	25.53	8.35	1) 0.00 2) 0.00 3) 0.00	100.50	447.41 32462
Michael W. Meadows	0	Bricklayer	D O S	0 0	0 0 0 0 0 8.00	0 0 0 0 8.00	0	0	0 0	0.00 0.00 24.00	0.00 0.00 0.00 0.00 29.17 8.61	906.72	56.22	94.00	44.00	13.15	1) 0.00 2) 0.00 3) 0.00	007.07	699.35 32465
Douglas A. Monge	1	Bricklayer	D 0 8	0 0	0 C 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	0 0 8.00 6	0 0 0 0.00	0 0 0	0.00 0.00 30.00	0.00 0.00 0.00 0.00 29.17 8.61	1133.40	70.27	172.00	82.16	16.44	1) 0.00 2) 0.00 3) 0.00	0 0 0 0 7	792.53 32472
Florencio MorenoRodriguez	2	Bricklayer	D 0 8	0	0 0 0 0 0 8.00	0	0	0 0	0 0 0	0.00 0.00 30.00	0.00 0.00 0.00 0.00 29.17 8.61	1133.40	70.27	152.00	55.00	16.44	1) 0.00 2) 0.00 3) 0.00	000.74	839.69 32474

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR Atlantic Refinishing & Restoration, Inc.	ACTOR	Wage DC1 Det:	1400	002 (Mod. 13)			ADDRES		d Washingto , MD 20601	n Road						
PAYROLL NO. 46.0		FOR WEEK ENI 07/10/2016	DING	i			Design/	AND LOCAT Build of His gton, DC	ION storic Center	Building,	Phase 2			T OR CONT 3-1400/G	RACT NO. iS-11P-14-M	IM-C-0011
(1) NAME. ADDRESS. AND	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	151	(4) DAY AN MON TUE WED TH	U FRI	SAT SI		(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta 2) Local Ta 3) Other Do	x 2	(9) NET WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHE EXEMP	CLASSIFICATION	ST,	HOURS WORKE			TOTAL HOUR	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/
Carlos OseguedaGonvalez	1	Bricklayer	D O S	0 0 0	0 0 0 0 0 8.00	0 0 6.00	0 0.00 0 0.00 0 30.00	0.00 0.00		70.27	172.00	56.00	16.44	1) 0.0 2) 0.0 3) 0.0	0 214.74	818.69 32480
Jesus Pena	3	Bricklayer	D O S	0 0 0	0 0 0 0 0 8.00	0	0 0.00 0 0.00 0 30.00	0.00 0.00	1 / 1	70.27	92.00	72.37	16.43	1) 0.0 2) 0.0 3) 0.0	0 054.07	882.33 32483
Matthew T. Pruitt	6	Laborer: Common/General	D O S	0 0 0	0 0 0 0 0 8.00	0 0 3.00	0 0.00 0 0.00 0 27.00	0.00 0.00		30.13	0.00	18.00	7.05	1) 0.0 2) 0.0 3) 0.0	0 55.40	430.82 32484
Bernard Robinson	1	Bricklayer	D O S	0 0 0	0 0 0 0 0 8.00	0 0 6.00	0 0.00 0 0.00 0 38.00	0.00 0.00	/	89.01	161.00	73.00	20.82	1) 0.0 2) 0.0 3) 0.0	0 040.00	1091.81 32489

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Refinishing & Restoration, Inc.	RACTOR	Wage DC Det:	0002	(Mod	. 13)				ADDRESS		d Washingto MD 20601	n Road							
PAYROLL NO. 46.0		FOR WEEK EN 07/10/2016		G						PROJECT Design/B Washingt		ION Itoric Center	Building,	Phase 2			T OR CON 3-1400/0	FRACT NO. SS-11P-14-N	/M-C-0011
(1)	C) SNOIL	(3)	lь		TUE		HU FF	RI SA	T SUN	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta 2) Local Ta 3) Other D	ax 2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,		5 OURS		7 8 ED EA			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER	TOTAL DEDUCTION	PAID FOR WEEK/ Check No.
Jose D. Rodas	0	Laborer/Skilled	D 0 S	0	0 2.00 8	0 0 8.00 8.	0 00 8.0	0	0 0 0 0 0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 21.82 6.97	921.28	57.12	96.00	70.18	13.36	1) 0.0 2) 0.0 3) 0.0	000 000	684.62 32490
Jaime D. Rodriguez	1	Bricklayer	D 0 8	0	0 0 0 0 8	0 0 3.00 8.	4	0	0 0 0 0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	/	56.22	115.00	43.00	13.15	1) 0.0 2) 0.0 3) 0.0	00	679.35 32494
Enemecio Romero	0	Laborer: Common/General	D 0 8	0	0 0 2.00 8	0 0 3.00 8.	_	0	0 0 0 0 0 0 0		0.00 0.00 0.00 0.00 18.00 0.00		35.72	74.00	25.00	8.36	1) 0.0 2) 0.0 3) 0.0	00	432.92 32498
James H. Skinner, JR	I	Bricklayer	D	o	0	0	0	o	0 0	0.00	0.00 0.00	906.72					1) 0.0	I	
7741	0		0 S		0 0 8	0 8.00 8.	0 8.0	1	0 0	0.00 24.00	0.00 0.00 29.17 8.61	906.72	56.22	82.00	43.00	13.14	2) 0.0 3) 0.0	1 404 26	712.36 32502

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTE	ACTOR	Wage DC <sup>2</sup> Det:	1400	002 (Mod. 13)			ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 46.0		FOR WEEK EN 07/10/2016	DING	6		[	PROJECT Design/B Washingt		on toric Center	Building, l	Phase 2			T OR CONT 3-1400/G	RACT NO. S-11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS (4)	(3) WORK	OT or DT	(4) DAY AN	U FRI SAT		(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions -	1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST, OT	4 5 6 7 HOURS WORKE		10 Y	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Ademir W. SortoEscobar	2	Bricklayer	D O S	0 0 0	0 0 0 0 0 0 0 8.00 6.00		0.00 0.00 30.00	0.00 0.00 0.00 0.00 29.17 8.61	1133.40	70.27	152.00	77.26	16.43	1) 0.00 2) 0.0 3) 0.0	245.06	817.44 32505
Jaime A. SotoCaballero	2	Bricklayer	D 0 8	0 0 0	0 0 0 0 0 0 0 8.00 6.00		0.00 0.00 30.00	0.00 0.00 0.00 0.00 29.17 8.61	1133.40	70.27	104.00	77.26	16.44	1) 0.0° 2) 0.0° 3) 0.0°	) 267.07	865.43 32506
Lavarr M. Thomas	3	Laborer: Common/General	D O S	0 0 0	0 0 0 0 0 0 0 8.00 3.00		0.00 0.00 27.00	0.00 0.00 0.00 0.00 18.00 0.00		30.13	22.00	17.00	7.05	1) 0.0 2) 0.0 3) 0.0	76.40	409.82 32509
Donald T. Walsh		Bricklayer	D	0 0 0	0 0 0	0	0.00	0.00 0.00	1511.20					1) 0.0	1	]
(b) (6)	1		O S		0 0 0 0 0 0 8.50 6.00	0	0.00 40.00	0.00 0.00 29.17 8.61	1511.20	93.69	266.00	78.00	21.91	3) 0.0	150.00	1051.60 32516

Date July 22nd, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Sandra Smith Payroll Supervisor (Name of Signatory Party) (Title)  do hereby state:  (1) That I pay or supervise the payment of the persons employeed by	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)  Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)  4th day of July , 2016 , and ending the 10th day of July , 2016 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said  Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company from the full Inc.) (Contractor or Subcontractor)  weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:  FICA, FWH, Medicare, State Tax, Child Support, Child Support Fee	(c) EXCEPTIONS
<ul> <li>(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.</li> <li>(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.</li> <li>(4) That: <ul> <li>(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS</li> <li>in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been</li> </ul> </li> </ul>	REMARKS Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Payroll #46  NAME AND TITLE: Sandra Smith, Payroll Supervisor  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR S	UBCONTRACTOR		140	002 (	(Mo	d. 13)				ADDRESS		d Washingto	n Road						
Atlantic Refinishing & Restoration	on, Inc.	Det:									Waldorf,	MD 20601							
PAYROLL NO.		FOR WEEK EN	NDING	G					١,	PROJECT	AND LOCAT	ION storic Center	Duilding	Dhoop 2		PROJEC	T OR CONT	RACT NO.	
47.0		07/17/2016								Nashingt		storic Ceriter	bullaling,	FIIASE Z		G14.3	13-1400/G	S-11P-14-N	IM-C-0011
(1)	(2)	(3)	F		(4	) DAY A	ND DA	TE		(5)	(6)	(7)	<b>D</b> E	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta 2) Local Ta		(9)
	SNO		P			WED TH			1 1				DE	DUCTIONS			3) Other De		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	$\perp$	12					TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING				TOTAL	PAID FOR WEEK
OF EMPLOYEE	N S S X		+-	1	OURS i	S WORK	- 1	i	i 1	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	OTHER*	DEDUCTIONS	Check No.
Pedro A. Alvarez		Laborer: Common/General	0		0	0	0 0	0	1 1	0.00	0.00 0.00	720.00					1) 0.0	ام	
	1				0		0 0	0		0.00	0.00 0.00	/	44.64	81.00	32.37	10.44	3) 0.0	168.45	551.55
(b) (6)			S	8.00	8.00	8.00 8.0	00 8.00	0	0	40.00	18.00 0.00	720.00							32597
Jose C. Arevalo <u>5679</u>	3	Bricklayer	D O S		0 8.00	0 8.00 8.0	0 0 0	0 0		0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.70	149.00	102.41	21.91	1) 0.0 2) 0.0 3) 71.2	0 400.05	1072.95 32599
Other Deduction Detail: Child	Support: 69.23, (	Child Support Fee: 2.00	)																
Nelson E. BenitezRomero		Bricklayer	D	0	0	0	0 0	0	0	0.00	0.00 0.00	1511.20					1) 0.0 2) 0.0	ام	
	0		0		0		0 0	0		0.00	0.00 0.00	/	93.70	286.00	79.00	21.91	3) 0.0		1030.59
(b) (6)			S	8.00	8.00	8.00 8.0	00.8 00	0	0	40.00	29.17 8.61	1511.20							32606
Cory A. Bridges		Laborer: Common/General	D	0	0	0	0 0	0	0	0.00	0.00 0.00	720.00					1) 0.0		
	0		0	$\vdash$	0		0 0	0		0.00	0.00 0.00	/	44.64	81.00	33.00	10.44	3) 0.0		550.92
0690			S	8.00	8.00	8.00 8.0	00 8.00	0	0	40.00	18.00 0.00	720.00							32608

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR Atlantic Refinishing & Restoration, Inc.	Wage DC140002 (Mod. 13) Det:  FOR WEEK ENDING										DRESS		d Washingto MD 20601	n Road							
PAYROLL NO. 47.0		FOR WEEK EN 07/17/2016	DING	}						Des	sign/Bu	IND LOCATION IND L	on toric Center	Building, I	Phase 2		PROJEC G14.31			CT NO. -11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS (4)	(3) WORK	OT or DT		TUE	DAY A	HU	FRI S		_	(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions ·	1) Local 2) Local 3) Other	Tax 2		(9) NET WAGES
NAME. ADDRESS. AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST, OT			13 1 WORK			16 1 DAY	- П	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHE	R*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Jeffrey T. Brown  (b) (6)	2	Laborer: Common/General	D O S	0 8.00	0 8.00	0 8.00 8.	0 0 .00	0 0 8.00	0 0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 18.00 0.00	720.00	44.64	69.00	49.29	10.44	2) (	0.00	173.37	546.63 32610
Terrance E. Burton	0	Bricklayer	D O S	0 0 8.00	0 0 8.00	0 0 8.00 8.	0 0	0 0 8.00	0 0 0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.69	184.00	79.00	21.91	2) (	).00 ).00 ).00	378.60	1132.60 32611
Julio A. Canales	1	Bricklayer	D O S	0 0 8.00	0 0 8.00	0 0 8.00 8.	0 0	0 0 8.00	0 0 0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.69	266.00	67.03	21.91	2) (	0.00	448.63	1062.57 32616
Jose M. Chicas	3	Bricklayer	D 0	0 0 8.00	0 0	0 0 8.00 8.	0 0	0 0	0 0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.70	149.00	76.00	21.91	2) (	0.00	340.61	1170.59 32619

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR Atlantic Refinishing & Restoration, Inc.	ACTOF	R ✓ Wage DC1 Det:	140	0002	2 (M	lod.	. 13)					AE	DDRESS		d Washingto MD 20601	n Road							
PAYROLL NO. 47.0		FOR WEEK ENI 07/17/2016	DING	G								De		ND LOCATI	ION storic Center	Building,	Phase 2		PROJEC			ACT NO. -11P-14-M	M-C-0011
(1)	(2) SNOI	(3)				JE W	DAY A	HU	FRI	SAT		N	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) Lo	cal Tax 2 cal Tax 2 her Dedi	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT				13 T	14 KED	15 EAC		17 AY	4	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТІ	HER*	TOTAL DEDUCTIONS	PAID FOR WEEK Check No.
James D. Farris	1	Laborer: Common/General	D 0	(	1	0	0	0	0	(	-	0	0.00	0.00 0.00	374.00	54.56	78.00	41.00	12.76	1) 2) 3)	0.00 0.00 0.00	186.32	693.68
(b) (6) Fringe Detail: Vacation/ Holiday: \$12.17	/\$0.71	6, Health & Welfare: \$26		2.00 3/ <b>\$1</b> .	1				4.00 omp:		30/\$0			22.00 0.00 ng Fund:	\$80.00 \$3.92/\$0.231								32632
Roger H. Furrow, JR		Bricklayer	D	(		0	0	0	0	(	0	0	0.00	0.00 0.00	1511.20					1)	0.00		
7370	1		0 S		1	0 00	0 8.00 8	0	8.00	C		0	0.00 40.00	0.00 0.00 29.17 8.61	1511.20	93.70	266.00	78.00	21.91	2) 3)	0.00	459.61	1051.59 32634
Mathew A. Garcia		Laborer:	D	(	o	0	0	0	0	(	o	0	0.00	0.00 0.00	720.00					1)	0.00		
9790	0	Common/General	0 S	8.00	1	0 00 8	0 8.00 8	0	0 8.00			0	0.00 40.00	0.00 0.00 18.00 0.00	720.00	44.64	93.00	31.00	10.44	2)	0.00	179.08	540.92 32635
Jhoni G. Guzman	2	Bricklayer	D 0	(	0	0	0	0	0	(	0	0	0.00	0.00 0.00	1511.20	93.69	161.00	107.30	21.91	1) 2) 3) 1	0.00 0.00 17.39	501.29	1009.91
Other Deduction Detail: Child Support: 1	115.39	. Child Support Fee: 2.0		8.00	8.0	00 8	3.00 8	.00	8.00	C	) (	0	40.00	29.17 8.61	1511.20								32647

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO	NTRACTOR	✓ Wage DC	140	0002	(Mo	d. 13	)			/	ADDRESS	2320 Old	d Washingto	n Road							
Atlantic Refinishing & Restoration, Ir		Det:				,	,						MD 20601								
PAYROLL NO.		FOR WEEK EN	NDIN	G								AND LOCAT					PROJEC	T OR	CONTRA	ACT NO.	
47.0		07/17/2016									Design/Bu Vashingt		toric Center	Building, I	Phase 2		G14.3	13-14	400/GS	-11P-14-M	M-C-0011
(1)	(2)	(3)	Ы		(4	4) DAY	AND	DATE			(5)	(6)	(7)		(8)	* Other	Deductions		ocal Tax		(9)
	DING		5	MON	TUE	WED .	THU	FRI :	SAT	SUN				DE	DUCTIONS				ther Ded		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	11	12	13	14	15	16	17	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING					TOTAL	PAID FOR WEEK/
OF EMPLOYEE				H	IOURS	S WOR	KED	EACH	DAY		HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	01	ΓHER*	DEDUCTIONS	Check No.
Jaime A. Hernandez		Bricklayer	D		0	0	0	0	0	0	0.00	0.00 0.00	1511.20					1)	0.00		
	3		0		0	0	0	0	0	0	0.00	0.00 0.00	/	93.70	149.00	102.41	21.91	3)	0.00	367.02	1144.18
(b) (6)			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	29.17 8.61	1511.20								32651
Miguel A. Herrera		Laborer: Common/General	D 0 S	0	0 0 8.00	0 0 8.00	0 8.00	0 8.00	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 18.00 0.00		44.64	93.00	39.35	10.44	1) 2) 3)	0.00 0.00 0.00	187.43	532.57 32652
	1		1					1		1		1			ı		1	Lo	0.00		1
Jesus P. JovelClimaco	1	Bricklayer	D O S		0 8.00	0 0 8.00	0 8.00	0 8.00	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	/	93.70	266.00	78.00	21.91	1) 2) 3)	0.00 0.00 0.00	459.61	1051.59 32656
Clydie L. Kemp	0	Bricklayer	D		0		0 0	0	0 0	0	0.00	0.00 0.00	1511.20	93.70	286.00	79.00	21.91	1) 2) 3)	0.00 0.00 0.00	480.61	1030.59
(b) (6)			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	29.17 8.61	1511.20						5.50		32659

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT Atlantic Refinishing & Restoration, Inc		Wage DC	1400	)02 (N	Mod.	13)				ADDRESS		d Washingto , MD 20601	n Road							
PAYROLL NO. 47.0		FOR WEEK EN 07/17/2016	IDING						1	PROJECT Design/B		ION storic Center	Building,	Phase 2		PROJECT G14.31			CT NO. -11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	OT or DT		TUE WE	ED TH	ND DAT	SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions		al Tax 2	2	(9) NET WAGES
NAME. ADDRESS. AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST, OT			13 14 VORKE	4 15 ED EAC			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	отн	ER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Robert L. Limbrick	0	Bricklayer	D O S	0 8.00 8	0 0 8.00 8.	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.69	266.00	78.00	21.91	2)	0.00 0.00 0.00	459.60	1051.60 32663
Hector A. Lobo	0	Bricklayer	D	0 0 8.00 8	0 0 8.00 8.	0	0 0 0 0 0 8.00	) (	0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	/	93.69	286.00	79.00	21.91	2)	0.00 0.00 0.00	480.60	1030.60 32664
Kenneth L. Long	2	Bricklayer	D O S	0 0 8.00 8	0 0 8.00 8.	0	0 0 0 0	) (	0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	/	93.69	161.00	104.60	21.91	2)	0.00 0.00 0.00	381.20	1130.00 32665
Amineen I. Manraj	1	Laborer: Common/General	D O S	0 0 8 8 0 0 8	0 0 8.00 8.	0	0 0 0 0	(	0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 18.00 0.00	/	44.64	81.00	32.37	10.44	2)	0.00 0.00 0.00	168.45	551.55 32668

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUI Atlantic Refinishing & Restoration	BCONTRACTOR n, Inc.	✓ Wage DC	140002 (Mod. 13)	ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 47.0		FOR WEEK EN 07/17/2016	DING	PROJECT / Design/B Washingt		on toric Center	Building, I	Phase 2			T OR CONTRA 3-1400/GS	ACT NO. S-11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SUI	_	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions -	1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHC EXEMP	CLASSIFICATION	11 12 13 14 15 16 17  HOURS WORKED EACH DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Michael W. Meadows	0	Bricklayer	D         0         0         0         0         0         0         0           O         0         0         0         0         0         0         0         0           S         8.00         8.00         8.00         8.00         8.00         0         0         0         0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.69	184.00	79.00	21.91	1) 0.00 2) 0.00 3) 0.00	378.60	1132.60 32671
Douglas A. Monge	1	Bricklayer	D         0         0         0         0         0         0         0           O         0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.70	266.00	112.19	21.91	1) 0.00 2) 0.00 3) 0.00	493.80	1017.40 32678
Florencio MorenoRodriguez	2	Bricklayer	D     0     0     0     0     0     0       O     0     0     0     0     0     0       S     8.00     8.00     8.00     8.00     8.00     0     0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.69	247.00	77.00	21.91	1) 0.00 2) 0.00 3) 0.00	439.60	1071.60 32680
Carlos OseguedaGonvalez	1	Bricklayer	D	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.69	266.00	78.00	21.91	1) 0.00 2) 0.00 3) 0.00	459.60	1051.60 32686

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTOR	Wage DC	Wage DC140002 (Mod. 13)									2320 Ol	d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc		Det:										Waldorf,	, MD 20601								
PAYROLL NO.		FOR WEEK EN	IDIN	G								AND LOCAT		D '' ''	DI 0		PROJEC	T OR	CONTRA	ACT NO.	
47.0		07/17/2016									⊅esign/Bi Vashingt		storic Center	Building,	Phase 2		G14.3	13-14	400/GS	-11P-14-M	M-C-0011
(1)	(2)	(3)	П		(4	4) DAY	AND	DATE			(5)	(6)	(7)		(8)	* Other	r Deductions		ocal Tax		(9)
	DING		5	MON	TUE	WED	THU	FRI	SAT	SUN				DE	DUCTIONS				ther Ded		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	11	12	13	14	15	16	17	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING					TOTAL	PAID FOR WEEK
OF EMPLOYEE				1	IOUR:	S WOR	KED	EACH	I DAY		HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare		THER*	DEDUCTIONS	Check No.
Jesus Pena		Bricklayer	D		0	0	0	0	0	0	0.00	0.00 0.00	1511.20					1)	0.00		
	3		0		0		0	0	0	0	0.00	0.00 0.00	/	93.70	149.00	102.41	21.91	3)	0.00	367.02	1144.18
(b) (6)			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	29.17 8.61	1511.20								332688
Matthew T. Pruitt	6	Laborer: Common/General	D 0 S	1 1	0 0 8.00	0 0	0 8.00	0 8.00	0 0	0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 18.00 0.00		35.71	7.00	23.00	8.35	1) 2) 3)	0.00 0.00 0.00	74.06	501.94 32689
Bernard Robinson	I	Bricklayer	Ь	o	0	l ol	ا ه	ol	ol	ol	0.00	0.00 0.00	1642.12		I	I	I	1)	0.00		I
(b) (6)	1		0		0 8.50	0 8.50	0 8.50	2.50	0	0	2.50 40.00	43.76 8.61 29.17 8.61		101.81	192.00	85.00	23.81	2)	0.00	402.62	1239.51 32694
			_					1		_		1			1			I			
Jose D. Rodas		Laborer/Skilled	D		0	0	0	0	0	0	0.00	0.00 0.00	1151.60					1)	0.00		
	0		0		0		0	0	0	0	0.00	0.00 0.00	/	71.40	130.00	88.49	16.70	3)	0.00	306.59	845.01
(b) (6)			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	21.82 6.97	1151.60								32695

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	DACTOR	₩age DC	4.40	000	/N / n - r	ط ۱۵۱				۱ ۸	NDDDECC	2220 01	d Washingto	n Dood							
		Det:	140	1002	(IVIOC	u. 13)	)			"	ADDRESS		u washingto , MD 20601	ii Kuau							
Atlantic Refinishing & Restoration, Inc	•																				
PAYROLL NO.		FOR WEEK EN		G								AND LOCAT	ion storic Center	Building	Dhaca 2		PROJEC				
47.0		07/17/2016									Vashingt		Storic Ocritor	Dallaling,	i ilase z		G14.3	13-14	00/GS	-11P-14-M	M-C-0011
(1)	(2)	(3)	70		(4	I) DAY	AND	DATE			(5)	(6)	(7)		(8)	* Other	Deductions		cal Tax		(9)
	DING		5	MON	TUE	WED -	THU	FRI	SATS	UN				DE	DUCTIONS				ther Ded		NET WAGES
NAME, ADDRESS, AND	NO. OF WITHHOLDING EXEMPTIONS	WORK	ST, OT	11	12	13	14	15	16	17			GROSS		WITH-			I			PAID
Identification Number OF EMPLOYEE	N N N N N N N N N N N N N N N N N N N	CLASSIFICATION	0,		OURS	S WOR	KED	EACH	DAY		TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	ОТ	HER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
Jaime D. Rodriguez		Bricklayer	D	0	o	o	0	0	0	0	0.00	0.00 0.00	1511.20	,			İ	1)	0.00		
	1		0	0	0	0	0	0	0	0	0.00	0.00 0.00	1 / 1	93.69	266.00	78.00	21.91	2)	0.00	459.60	1051.60
(b) (6)			s	8.00	8.00	8.00	8.00	8.00	0	0	40.00	29.17 8.61	1511.20					'			32699
Enemecio Romero	0	Laborer: Common/General	D 0 S	0	0 0 8.00	0 0 8.00.8	0 0 8.00	0 8.00	0 0	0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 18.00 0.00		44.64	93.00	33.00	10.44	1) 2) 3)	0.00 0.00 0.00	181.08	538.92 32703
James H. Skinner, JR	ı	Bricklayer	lъ	l ol	ol	ol	0	ol	ol	ol	0.00	0.00 0.00	1511.20		1			1)	0.00		
7741	0		0	0	0 8.00	0 8.00 8	0	0	0	0	0.00	0.00 0.00		93.69	173.00	78.00	21.91	2)	0.00 0.00	366.60	1144.60 32706
Ademir W. SortoEscobar	2	Bricklayer	D 0 8	0	0 8.00	0	0 0 8.00	0 0 8.00	0 0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.69	247.00	107.30	21.91	1) 2) 3)	0.00 0.00 0.00	469.90	1041.30 32709
		1																			

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Refinishing & Restoration, Inc.	or SUBCONTRACTOR Wage DC140002 (Mod. 13) Det:  FOR WEEK ENDING											ADDRESS		d Washingto , MD 20601	n Road							
PAYROLL NO. 47.0			FOR WEEK END 07/17/2016	DIN	G						1			ION storic Center	Building, I	Phase 2			T OR CO		CT NO. -11P-14-MI	M-C-0011
(1) NAME. ADDRESS. AND	NO. OF WITHHOLDING (C) EXEMPTIONS	,	(3) WORK	15	<b></b>	TUE	WED	THU 14	FRI	SAT		(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	r Deductions	- 1) Local 2) Local 3) Other	Tax 2	!	(9) NET WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHH EXEMP	CLAS	SSIFICATION	ST,		OURS					-	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHE	R*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
Jaime A. SotoCaballero	2	Bricklaye	e <b>r</b>	D O S	0	0 8.00 8	0 8.00	0 8.00	0 8.00	0 0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61		93.69	161.00	107.30	21.91	2) 0	0.00	383.90	1127.30 32710
	1	l															ı	ı	l			
Lavarr M. Thomas	3	Laborer: Common		О S	0	0 8.00 8	0 8.00	0 8.00	0 8.00	0 0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 18.00 0.00		44.64	58.00	30.00	10.44	2) 0	0.00	143.08	576.92 32713
Donald T. Walsh  (b) (6)	1	Bricklaye	r	D 0 S	0	0 8.50	0 0 8.50		0 2.50 6.00	0 0	0 0	0.00 2.50 40.00	0.00 0.00 43.76 8.61 29.17 8.61	1642.12 1642.13	101.81	299.00	85.00	23.81	2) 0	0.00	509.62	1132.51 32720

Date July 28th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Sandra Smith Payroll Supervisor	
(Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the	(c) EXCEPTIONS
Inc.) (Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
11th day of July , 2016 , and ending the 17th day of July , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company from the full	
Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Child Support, Child Support Fee	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Payroll #47
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Sandra Smith, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.	ACTOR	Wage DC1 Det:	140	002 (	Mod.	13)				ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 48.0		FOR WEEK ENI 07/24/2016	DING	3								ION storic Center	Building, l	Phase 2			T OR CONTE 3-1400/G	ACT NO. S-11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	151	$\vdash$	TUE	DAY AN	lU FR	I SA		(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions ·	- 1) Local Tax 2) Local Tax 3) Other Dec	2	(9) NET WAGES
NAME. ADDRESS. AND Identification Number OF EMPLOYEE	NO. OF WITHE EXEMP	CLASSIFICATION	ST,			20 2 NORKE				TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Pedro A. Alvarez	1	Laborer: Common/General	D 0 S		0 8.00 8	0	0 0	0	0 0 0 0 0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 18.00 0.00	576.00 720.00	44.64	81.00	32.37	10.44	1) 0.00 2) 0.00 3) 0.00	100.45	551.55 32742
Jose C. Arevalo	3	Bricklayer	D 0 8	0	0 0 8.00	0		0	0 0 0 0	0.00 0.00 16.00	0.00 0.00 0.00 0.00 29.17 8.61	604.48	74.68	103.00	78.02	17.46	1) 0.00 2) 0.00 3) 71.23	244.20	860.09 32744
Other Deduction Detail: Child Support:	69.23,	Child Support Fee: 2.00																	
Nelson E. BenitezRomero	0	Bricklayer	D O S	0 0 8.00	0 0 8.00	0		0	0 0 0 0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	74.95	210.00	61.00	17.53	1) 0.00 2) 0.00 3) 0.00	202 40	845.48 32751
Jeffrey T. Brown	2	Laborer: Common/General	D O S	0 0 8.00	0 0 8.00 8	0	0 (	0	0 0	0.00 0.00 24.00	0.00 0.00 0.00 0.00 18.00 0.00	432.00 724.00	44.88	70.00	49.61	10.49	1) 0.00 2) 0.00 3) 0.00	174.00	549.02 32754

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCON Atlantic Refinishing & Restoration, In		Wage DC Det:	140	0002	(Mo	d. 13)				l A	ADDRESS		d Washingto , MD 20601	n Road							
PAYROLL NO. 48.0		FOR WEEK Et 07/24/2016		G							PROJECT A Design/Bu Vashingt		ION storic Center	Building,	Phase 2		PROJECT G14.31			ACT NO. -11P-14-M	M-C-0011
(1)	(2) SNOING NOIL	(3)	6	MON	TUE	4) DAY A	HU	FRI S	SAT	_	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) Lo	ocal Tax 2 ocal Tax 2 ther Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS		ST,	18	19 OUR	20 2 S WORK				24	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТ	HER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Terrance E. Burton	0	Bricklayer	0		0 8.00	0	0 0	0	0 0	0	0.00 0.00 16.00	0.00 0.00 0.00 0.00 29.17 8.61		37.48	48.00	26.00	8.77	1) 2) 3)	0.00 0.00 0.00	120.25	484.23 32755
Julio A. Canales	1	Bricklayer	D 0 8	0	0 0 8.00	0 0 8.00 8	0 0	0 0 8.00	0 0	0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	/	93.69	266.00	67.03	21.91	1) 2) 3)	0.00 0.00 0.00	448.63	1062.57 32760
Jose M. Chicas	3	Bricklayer	0 8		0 0 8.00	0 0	0 0 0	0 0	0 0	0 0	0.00 0.00 16.00	0.00 0.00 0.00 0.00 29.17 8.61	1 / 1	37.47	21.00	23.00	8.77	1) 2) 3)	0.00 0.00 0.00	90.24	514.24 32763
Tyler W. Everhart	1	Laborer:	ъ	0	0	0	0	ol	0	ol	0.00	0.00 0.00	432.00					1)	0.00		
(b) (6)	0	Common/General	0	0	0 8.00	0 8.00	0	0	0	0	0.00	0.00 0.00		26.78	49.00	17.00	6.26	2)	0.00	99.04	332.96 32774

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTE	RACTOR	R ✓ Wage DC	140	0002	(Mo	d. 13)	)				ADDRESS	2320 OI	d Washingto	n Road						
Atlantic Refinishing & Restoration, Inc.		Det:			(	u ,							MD 20601							
PAYROLL NO.		FOR WEEK E	NDIN	G								AND LOCAT		D '' ''	DI 0		PROJEC	T OR CON	FRACT NO.	
48.0		07/24/2016	6							١٢	⊅esign/B Vashingt	ulia of His on, DC	toric Center	Building,	Phase 2		G14.31	3-1400/0	GS-11P-14-N	1M-C-0011
(1)	(2)	(3)	Ŀ		(4	4) DAY	AND	DATE		İ	(5)	(6)	(7)		(8)	* Other	Deductions	- 1) Local T 2) Local T		(9)
	DING		TorD	MON	TUE	WED 1	THU	FRI S	SAT	SUN				DE	DUCTIONS			3) Other D		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	18	19	20	21	22	23	24	TOTAL	RATE	GROSS AMOUNT		WITH-				TOTAL	PAID FOR WEEK
OF EMPLOYEE	S M	02/100/1/0/1/0/1		H	OUR	S WORI	KED	EACH	DAY	,	HOURS	OF PAY	EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER	DEDUCTIONS	
James D. Farris		Laborer: Common/General	D		0	0	0	0	0	0	0.00	0.00 0.00	308.00					1) 0.0		
	1		0		0	0	0	0	0	0	0.00	0.00 0.00	/	54.56	78.00	41.00	12.76	3) 0.0	400.00	693.68
(b) (6)			S	2.00	4.00	3.00 2	2.00	2.00	0	1.00	14.00	22.00 0.00	880.00							32775
Fringe Detail: Vacation/ Holiday: \$12.1	7/\$0.86	9, Health & Welfare: \$2	26.08	3/\$1.8	63, V	Vorker	s Co	omp: \$	31.30	0/\$0.0	093, Train	ing Fund:	\$3.92/\$0.28							
Roger H. Furrow, JR  7370	1	Bricklayer	D 0 8		0 8.00	0 0	0 0	0 8.00	0 0	0 0	0.00 0.00 24.00	0.00 0.00 0.00 0.00 29.17 8.61	/	56.21	115.00	43.00	13.15	1) 0.0 2) 0.0 3) 0.0	007.00	679.36 32777
Mathew A. Garcia	0	Laborer: Common/General	D 0 8	0	0 0 8.00	0 0	0 0	0 0	0 0 0	0 0	0.00 0.00 16.00	0.00 0.00 0.00 0.00 18.00 0.00	1 / 1	44.64	93.00	31.00	10.44	1) 0.0 2) 0.0 3) 0.0	00	540.92 32778
Jhoni G. Guzman	2	Bricklayer	D 0 8	0	0 0 8.00	0 0	0 0	0 0 0	0 0 0	0 0	0.00 0.00 16.00	0.00 0.00 0.00 0.00 29.17 8.61	/	89.61	151.00	102.06	20.96	1) 0.0 2) 0.0 3) 117.3	00	964.26 32790
Other Deduction Detail: Child Support:	115.39	, Child Support Fee: 2.	00																	

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRA	CTOR	✓ Wage DC	1 10	1002	/N/a	d 10				Τ,	ADDRESS	2220 01	d Washington	n Dood							
_	CIOK	Det:	140	1002	(IVIO	iu. 13,	)			′	ADDRESS		MD 20601	ii Kuau							
Atlantic Refinishing & Restoration, Inc.																					
PAYROLL NO.		FOR WEEK EN		G								AND LOCAT	ion storic Center	Building, I	Phase 2		PROJEC				
48.0		07/24/2016									Vashingt						G14.3	13-14	400/GS	-11P-14-M	M-C-0011
(1)	(2)	(3)	DT		(	4) DAY	AND	DATE			(5)	(6)	(7)		(8)	* Other	Deductions		ocal Tax		(9)
	SNS		5	MON	TUE	WED .	THU	FRI :	SAT	SUN				DEI	DUCTIONS				ther Ded		NET WAGES
NAME, ADDRESS, AND	구 를 들는	WORK	ST, OT	18	19	20	21	22	23	24			GROSS		WITH-			1			PAID
Identification Number OF EMPLOYEE	WITHHOLDING EXEMPTIONS	CLASSIFICATION	"		IOUR	S WOR	KED	EACH	I DAY		TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	01	ΓHER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
Jaime A. Hernandez		Bricklayer	D	0	0	0	0	0	0	0	0.00	0.00 0.00	ام ا					1)	0.00		
	3		0	0	0	0	0	0	0	0	0.00	0.00 0.00		89.61	139.00	97.17	20.96	2)	0.00	346.74	1098.54
(b) (6)			s	8.00	8.00	0	0	0	0	0	16.00	29.17 8.61	1445.28					3)	0.00		32794
Miguel A. Herrera		Laborer: Common/General	D 0 S	0	0 8.00	0 0 8.00	0 0 8.00	0 8.00	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 18.00 0.00		44.64	93.00	39.35	10.44	1) 2) 3)	0.00 0.00 0.00	187.43	532.57 32795
Jesus P. JovelClimaco	1	Bricklayer	D 0 s		0 0 8.00	0 0 8.00	0 0 8.00	0 0 8.00	0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.69	266.00	78.00	21.92	1) 2) 3)	0.00 0.00 0.00	459.61	1051.59 32798
Clydie L. Kemp	0	Bricklayer	D 0 8	0	0 0 8.00	0	0 0 8.00	0 0 8.00	0 0 0	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.69	286.00	79.00	21.91	1) 2) 3)	0.00 0.00 0.00	480.60	1030.60 32801

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.	ACTOR	Wage DC Det:	140	002 (	(Mo	d. 13)				ADDRESS		d Washington , MD 20601	n Road							
PAYROLL NO. 48.0		FOR WEEK EN 07/24/2016		G						PROJECT Design/E Washing		TION storic Center	Building,	Phase 2			T OR CON		T NO. 1P-14-MN	M-C-0011
(1)	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	lь		TUE	4) DAY	HU	FRI S	SAT SUI		(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local 1 2) Local 1 3) Other I	Гах 2	ions	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	MO. OF WITHHOUS EXEMP	CLASSIFICATION	ST,	$\perp$	19 OUR	20 S WORI			23 24 DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER	R* DE	TOTAL EDUCTIONS	PAID FOR WEEK/ Check No.
Robert L. Limbrick	0	Bricklayer	D 0		0	0	0 0	0	0	0.00 0 0.00 0 8.00	0.00 0.00		93.70	266.00	78.00	21.91	2) 0.	.00 .00	459.61	1051.59 32805
Hector A. Lobo	0	Bricklayer	D 0 8	$\vdash$	0 0 8.00	0 0	0 0 0	0 0		0 0.00 0 0.00 0 16.00	0.00 0.00		93.70	286.00	79.00	21.92	2) 0.	.00	480.62	1030.58 32806
Kenneth L. Long	2	Bricklayer	D O S		0 0 8.00	0 0	0 0 0	0 0		0 0.00 0 0.00 0 8.00	0.00 0.00		18.74	0.00	10.90	4.38	2) 0.	00 00 00	34.02	268.22 32807
Amineen I. Manraj	1	Laborer: Common/General	D 0 8		0 0 8.00	0 0 8.00	0 0 0	0 0 0		0 0.00 0 0.00 0 24.00	0.00 0.00		44.89	82.00	32.56	10.50	2) 0.	.00	169.95	554.05 32809

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT Atlantic Refinishing & Restoration, Inc		Wage DC Det:	140	002 (	Mod	l. 13)				ADDRES			Washingto MD 20601	n Road							
PAYROLL NO. 48.0		FOR WEEK EN 07/24/2016	IDING	G						PROJECT Design/ Washing		Hist	on toric Center	Building, l	Phase 2		PROJEC G14.31			CT NO. -11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	ե	$\vdash$	TUE	DAY A	HU	FRI S			(6)		(7)	DEI	(8) DUCTIONS	* Other	Deductions	2) Loc	cal Tax 1 cal Tax 2 ner Dedu		(9) NET WAGES
NAME. ADDRESS. AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,			20 2 WORK			24 DAY	TOTAL HOURS	RATE OF PA	E AY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТН	HER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Michael W. Meadows	0	Bricklayer	D 0 8		0 8.00	0 0	0 0	0 0	0 0	<ul><li>0.00</li><li>0.00</li><li>16.00</li></ul>	0.00 0	0.00	604.48	37.48	48.00	26.00	8.77	1) 2) 3)	0.00 0.00 0.00	120.25	484.23 32811
Florencio MorenoRodriguez	2	Bricklayer	D 0 8	0	0 0 8.00	0 0 8.00 8.	0 0 .00	0 0 8.00	0 0 0	0 0.00 0 0.00 0 40.00	0.00 0	0.00	1511.20	93.70	247.00	77.00	21.91	1) 2) 3)	0.00 0.00 0.00	439.61	1071.59 32820
Carlos OseguedaGonvalez	1	Bricklayer	D 0 8		0 0 8.00	0 0 8.00 8.	0 0	0 0 8.00	0 0 0	0 0.00 0 0.00 0 40.00	0.00	0.00	1511.20 1511.20	93.70	266.00	78.00	21.91	1) 2) 3)	0.00 0.00 0.00	459.61	1051.59 32826
Jesus Pena	3	Bricklayer	0 0	0	0 0	0 0	0 0	0	0 0	0 0.00	0.00 0	0.00	604.48	37.47	21.00	30.32	8.77	1) 2) 3)	0.00 0.00 0.00	97.56	506.92
(b) (6)			S	8.00	8.00	0	0	0	0	0 16.00	29.17 8	3.61	604.48								32828

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

CA   CA   CA   CA   CA   CA   CA   CA	24 TOTAL RAT	Historic Center  (7)  GROSS AMOUNT EARNED  0.000  288.00		(8) DUCTIONS  WITH- HOLDING TAX  23.00	* Other SWH 31.00	G14.31	T OR CONTR 3-1400/G\$ 1) Local Tax 2) Local Tax 3) Other Dec OTHER* 1) 0.00 2) 0.00 3) 0.00	5-11P-14-M 1 2 luctions  TOTAL DEDUCTIONS	(9)  NET  WAGES  PAID  FOR WEEK/
ON   NON   TUE   WED   THU   FRI   SAT   S	24 TOTAL RAT HOURS OF P. 0 0.00 0.00 0.00 0.00 0.00 0.00 0.0	GROSS AMOUNT EARNED 0.00 288.00	FICA	WITH- HOLDING TAX	SWH	Medicare	2) Local Tax 3) Other Dec OTHER* 1) 0.00 2) 0.00	2 ductions  TOTAL DEDUCTIONS	NET WAGES PAID FOR WEEK/ Check No.
ON	TOTAL RAT OF P. 0 0.00 0.00 0 0.00 0.00 0 16.00 18.00	E AMOUNT EARNED 288.00		HOLDING TAX			1) 0.00 2) 0.00	DEDUCTIONS	FOR WEEK/ Check No.
O 0 0 0 0 0 0 0 S 8.00 8.00 0 0 0 0	0 0.00 0.00 0 16.00 18.00	0.00	44.64	23.00	31.00	10.44	2) 0.00	100.00	
	1 2 2 1	<u> </u>							10000
O 0 0 0 0 0 2.50 0 S 8.50 8.50 8.50 8.50 6.00 0	0 2.50 43.76 0 40.00 29.17	8.61	101.81	192.00	85.00	23.81	1) 0.00 2) 0.00 3) 0.00	400.60	1239.51 32834
D         0	0 0.00 0.00	<b>—</b>   /	71.40	130.00	88.49	16.70	1) 0.00 2) 0.00 3) 0.00	200 50	845.01 32835
	0 0.00 0.00	$\dashv$ /	93.70	266.00	78.00	21.91	2) 0.00	450.64	1051.59 32838
_		D 0 0 0 0 0 0 0 0.00 0.00	D 0 0 0 0 0 0 0 0.00 0.00 1511.20	D 0 0 0 0 0 0 0 0 0 0 0.00 0.00 1511.20 O 0 0 0 0 0 0 0 0 0 0.00 0.00 0.00	D	D	S     8.00     8.00     8.00     8.00     0     0     40.00     21.82     6.97     1151.60       D     0     0     0     0     0     0.00     0.00     0.00     1511.20       O     0     0     0     0     0     0.00     0.00     0.00     93.70     266.00     78.00     21.91	S     8.00     8.00     8.00     8.00     8.00     8.00     0	S     8.00     8.00     8.00     8.00     8.00     8.00     0

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTACTOR Refinishing & Restoration, Inc.		₩age DC Det:	140	002 (	(Mod	l. 13)				ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 48.0		FOR WEEK EN 07/24/2016	DING	G						PROJECT Design/B Washing		ION storic Center	Building, l	Phase 2				RACT NO. SS-11P-14-	MM-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS (3)	(3) WORK	lь		TUE	DAY AN	IU FI	RI SA		(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions ·	1) Local Ta 2) Local Ta 3) Other D	ax 2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHC EXEMP	CLASSIFICATION	ST,			20 2 WORKE				TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER	TOTAL DEDUCTIO	PAID FOR WEEK/ Check No.
Enemecio Romero	0	Laborer: Common/General	D 0 S		0 8.00	0	0 0 8.0	0	0 0 0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 18.00 0.00	576.00 576.00	35.71	71.00	25.00	8.35	1) 0.0 2) 0.0 3) 0.0	140.00	32842
James H. Skinner, JR 7741	0	Bricklayer	D 0 8		0 0 0	0	0	0	0 0 0	0.00 0.00 8.00	0.00 0.00 0.00 0.00 29.17 8.61	302.24 1511.20	93.70	173.00	78.00	21.92	1) 0.0 2) 0.0 3) 0.0	0 366.69	2 1144.58 32845
Ademir W. SortoEscobar	2	Bricklayer	D 0 8		0 0 8.00	0	_	0	0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.70	247.00	107.30	21.91	1) 0.0 2) 0.0 3) 0.0	100 0	1041.29 32848
Jaime A. SotoCaballero	2	Bricklayer	D 0 8		0 0 8.00	0	0 0 8.0	0	0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.70	161.00	107.30	21.91	1) 0.0 2) 0.0 3) 0.0	0 303.0	1127.29 32849

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTI		₹ 🗸	Wage DC	140	002	(Mod	d. 13	3)				ADDRESS		d Washingto , MD 20601	n Road							
PAYROLL NO. 48.0			FOR WEEK EN 07/24/2016	DING	3						[			TION storic Center	Building,	Phase 2		PROJECT G14.31			ACT NO. S-11P-14-MI	M-C-0011
(1)	(2) SNOIL		(3) WORK	6	MON	TUE	WED		FRI	SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) L	ocal Tax ocal Tax other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	1	SSIFICATION	ST,		19 OURS	20 S WO	21 RKED		23 I DAY		TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	0	THER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Lavarr M. Thomas	3	Laborer: Common	n/General	D O S	0	0 0 8.00	0 0	0 0	0 0	0 0	0 0	0.00 0.00 8.00	0.00 0.00 0.00 0.00 18.00 0.00		35.72	36.00	22.00	8.35	1) 2) 3)	0.00 0.00 0.00	102.07	473.93 32852
Donald T. Walsh	1	Bricklaye	er	D O S		0 8.50	0 0 8.50		0 2.50 6.00	0 0	0 0	0.00 2.50 40.00	0.00 0.00 43.76 8.61 29.17 8.61	1 / 1	101.82	299.00	85.00	23.81	1) 2) 3)	0.00 0.00 0.00	E00 63	1132.50 32859

Date July 29th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Sandra Smith Payroll Supervisor	
(Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the	(c) EXCEPTIONS
Inc.) (Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
18th day of July , 2016 , and ending the 24th day of July , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company from the full	
Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Child Support, Child Support Fee	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Payroll #48
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Sandra Smith, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR	ACTOR	₩age DC	1/10	1002	(1)/10	nd 13	١			Τ,	ADDRESS	2320 01	d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc.	7.0101	Det:	140	1002	(IVIC	ia. 13	,			'	NDDNEOO		, MD 20601	minoad							
PAYROLL NO.		FOR WEEK EN	IDIN	G								AND LOCAT			<b>.</b>		PROJEC	T OR	CONTRA	ACT NO.	
49.0		07/31/2016									Design/Bi Vashingt		storic Center	Building,	Phase 2		G14.3	13-14	400/GS	-11P-14-M	M-C-0011
(1)	(2)	(3)	П		(	(4) DAY	AND	DATE			(5)	(6)	(7)		(8)	* Other	Deductions		ocal Tax		(9)
	DING		5	MON	TUE	WED	THU	FRI	SAT	SUN				DE	DUCTIONS				ocal rax. Other Ded		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT		26		28		30	_	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING					TOTAL	PAID FOR WEEK/
	<u>₹</u> §ŵ	Laborer:	+		IOUR	S WOR	KED 0	EACH	DAY 0		HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	1)	THER* 0.00	DEDUCTIONS	Check No.
Pedro A. Alvarez	1	Common/General	0		0	0	0	0	0	0	0.00	0.00 0.00	/	40.40	70.00	20.00	0.04	2)	0.00	450.07	505.00
(AND COL	ı				-	8.00		8.00	0	0	30.00	0.00 0.00 18.00 0.00	/	42.40	76.00	30.66	9.91	3)	0.00	158.97	525.03 32933
(6) (6)				0.00	6.00	8.00	١	0.00	١	۷	30.00	18.00 0.00	004.00								32933
Nelson E. BenitezRomero	0	Bricklayer	D O S	0	0 8.00	0 0 8.00	0 0 8.00	0 8.00	0 0	0 0	0.00 0.00 38.00	0.00 0.00 0.00 0.00 29.17 8.61		89.01	267.00	74.00	20.82	1) 2) 3)	0.00 0.00 0.00	450.83	984.81 32942
Jeffrey T. Brown	2	Laborer: Common/General	D 0 8		0 0 8.00	0 8.00	0 0	0 0 8.00	0 0 0	0 0	0.00 0.00 30.00	0.00 0.00 0.00 0.00 18.00 0.00		42.54	64.00	46.59	9.95	1) 2) 3)	0.00 0.00 0.00	163.08	522.92 32946
Julio A. Canales	1	Bricklayer	D 0 8	0	0 0 8.00	0	0 0 8.00	0 0 8.00	0 0 0	0 0	0.00 0.00 38.00	0.00 0.00 0.00 0.00 29.17 8.61	1 / 1	89.01	247.00	63.44	20.82	1) 2) 3)	0.00 0.00 0.00	420.27	1015.37 32952

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTOR		140	0002	(Mo	d. 13	)			'	ADDRESS		d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc		Det:										Waldorf	, MD 20601								
PAYROLL NO.		FOR WEEK EN	IDIN	G							PROJECT /	AND LOCAT	ion storic Center	Building	Phase 2		PROJEC				
49.0		07/31/2016									Vashingt		Storic Certier	Building,	riiase z		G14.31	13-140	0/GS	-11P-14-M	M-C-0011
(1)	(2)	(3)	F		(4	4) DAY	AND	DATE			(5)	(6)	(7)	5.	(8)	* Other	Deductions	- 1) Loca 2) Loca			(9)
	LDING		OT or [			WED								DE	DUCTIONS			3) Oth			NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, (		26			29		_	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING					TOTAL	PAID FOR WEEK/
OF EMPLOYEE	S > X		-	1 1	IOUR	S WOR	KED	EACH	H DAY	,	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	OTH		DEDUCTIONS	Check No.
Jose M. Chicas		Bricklayer	D		0	0	0	0	0	0	0.00	0.00 0.00	1 / 1					1 '	0.00		
	3		0		0	0	0	0	0	0	0.00	0.00 0.00	/	14.06	0.00	3.00	3.29	3)	0.00	20.35	206.33
(b) (6)			S	6.00	0	0	0	0	0	0	6.00	29.17 8.61	226.68								32955
Tyler W. Everhart	0	Laborer: Common/General	O S		0 8.00	0 8.00	0 8.00	8.00	0 0	0 0	0.00 0.00 38.00	0.00 0.00 0.00 0.00 18.00 0.00		42.41	87.00	31.00	9.92	2)	0.00 0.00 0.00	170.33	513.67 32966
James D. Farris	1	Laborer: Common/General	D 0 8		0 0 2.00	0 0 3.00	0 0 5.00	0 0 4.00	0 0	0 0 1.00	0.00 0.00 17.00	0.00 0.00 0.00 0.00 22.00 0.00	1 / 1	54.56	78.00	41.00	12.76	2)	0.00 0.00 0.00	186.32	693.68 32967
Fringe Detail: Vacation/ Holiday: \$12.1	7/\$0.71	6, Health & Welfare: \$2	6.08	3/\$1.5	34, V	Vorke	rs Co	mp: \$	\$1.30	0/\$0.	076, Train	ing Fund:	\$3.92/\$0.231								
Jhoni G. Guzman	2	Bricklayer	0	$\vdash$	0	0	0	0	0	0	0.00	0.00 0.00	1133.40	90.13	152.00	102.73	21.08	2)	0.00 0.00 17.39	483.33	970.47
(b) (6)			s	6.00	8.00	8.00	0	8.00	0	0	30.00	29.17 8.61	1453.80					3) 1			32981
Other Deduction Detail: Child Support:	115 39	Child Support Fee: 2.0	00										,								

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT Atlantic Refinishing & Restoration, Inc		R ✓ Wage DC Det:	140	0002	(Mo	d. 13)				ADDRESS		ld Washingto , MD 20601	n Road							
PAYROLL NO. 49.0		FOR WEEK EN 07/31/2016		G						PROJECT Design/I Washing		rion storic Center	Building,	Phase 2		PROJECT G14.3			ACT NO. -11P-14-M	M-C-0011
(1)	(2) SNOIL	(3) WORK	6		TUE	WED T	HU	FRI S			(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) Lo	cal Tax 1 cal Tax 1 her Dedi	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS		ST,		26 OUR	27 2 S WORK	28 KED I		30 31 DAY	TOTAL HOURS		GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТІ	HER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Jaime A. Hernandez	3	Bricklayer	0	0	0 8.00	0	0 0	0		0.00 0 0.00 0 14.00	0.00 0.00		55.26	56.00	53.13	12.92	1) 2) 3)	0.00 0.00 0.00	177.31	714.11 323296869
Miguel A. Herrera	0	Laborer: Common/General	D 0 S	0	0 0 8.00	0 0 8.00 8	0 0 .00 8	0 0 8.00	_	0.00 0 0.00 0 38.00	0.00 0.00		42.41	87.00	37.19	9.92	1) 2) 3)	0.00 0.00 0.00	176.52	507.48 32987
Jesus P. JovelClimaco	1	Bricklayer	D 0 S	0	0 0 8.00	0 0 8.00 8	0 0 00.	0 0 8.00	_	0 0.00 0 0.00 0 38.00	0.00 0.00		89.01	247.00	73.00	20.81	1) 2) 3)	0.00 0.00 0.00	429.82	1005.82 32992
Clydie L. Kemp	l	Bricklayer	D	0	0	0	0	0	0	0.00	0.00 0.00	1435.64		I			1)	0.00		
(b) (6)	0		0 S		8.00	8.00 8	0 8	0 8.00	0	0.00		-	89.01	267.00	74.00	20.82	2)	0.00	450.83	984.81 3295

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTOR	Wage DC	Wage DC140002 (Mod. 13)								ADDRESS	2320 Ol	d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc.		Det:			`	,							, MD 20601								
PAYROLL NO.		FOR WEEK E	NDIN	G								AND LOCAT					PROJEC	T OR	CONTRA	ACT NO.	
49.0		07/31/2016	3								Design/Bi Vashingt		storic Center	Building, I	Phase 2		G14.3	13-14	100/GS	-11P-14-M	M-C-0011
(1)	(2)	(3)	ТО		(4	4) DAY /	AND	DATE			(5)	(6)	(7)		(8)	* Other	Deductions		cal Tax		(9)
	DING		5	MON	TUE	WED T	HU	FRI	SATS	SUN				DE	DUCTIONS				ther Ded		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT	25	26	27	28	29	30	31	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING					TOTAL	PAID FOR WEEK/
OF EMPLOYEE				H	OUR	S WORK	KED:	EACH	DAY	_	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare	ОТ	HER*	DEDUCTIONS	Check No.
Robert L. Limbrick		Bricklayer	D		0	0	0	0	0	0	0.00	0.00 0.00	226.68					1)	0.00		
	0		0	1 1	0	0	0	0	0	0	0.00	0.00 0.00		89.01	247.00	73.00	20.82	3)	0.00	429.83	1005.81
(b) (6)			S	6.00	0	0	0	0	0	0	6.00	29.17 8.61	1435.64								32999
Kenneth L. Long	2	Bricklayer	D O S	0	0 8.00	0 0 8.00 8	0 0	0 8.00	0 0	0 0	0.00 0.00 38.00	0.00 0.00 0.00 0.00 29.17 8.61		89.01	149.00	98.74	20.82	1) 2) 3)	0.00 0.00 0.00	357.57	1078.07 33001
Amineen I. Manraj	1	Laborer: Common/General	D 0	0	0	0	0 0	0	0 0	0	0.00	0.00 0.00 0.00 0.00		33.48	54.00	23.82	7.83	1) 2) 3)	0.00 0.00 0.00	119.13	420.87
(b) (6)	1	Drielderre					3.00	<u> </u>	0	0	30.00	18.00 0.00				<u> </u>	<u> </u>	<u> </u>	0.00		33003
Florencio MorenoRodriguez  (b) (6)	2	Bricklayer	D 0 S	0	0 8.00	0	0	0 8.00	0 0	0 0	0.00 0.00 38.00	0.00 0.00 0.00 0.00 29.17 8.61	1 / 1	89.01	228.00	72.00	20.82	1) 2) 3)	0.00	409.83	1025.81 33014

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Atlantic Refinishing & Restoration, Inc.	ACTOR	Wage DC Det:	Wage DC140002 (Mod. 13) Det:  FOR WEEK ENDING										d Washington MD 20601	n Road						
PAYROLL NO. 49.0		FOR WEEK EI 07/31/2016		G						Desi	ign/Βι	ND LOCATI uild of His on, DC	ION storic Center	Building, l	Phase 2			T OR CONT 3-1400/G	RACT NO. iS-11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	5		TUE	4) DAY	THU	FRI	SAT SL	JN	(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,		26 OUR	27 S WOR			30 3	— то	OTAL OURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Carlos OseguedaGonvalez	1	Bricklayer	D 0 S	0	0 8.00	<u> </u>	0 0 8.00	0 8.00	0	0	0.00 0.00 88.00	0.00 0.00 0.00 0.00 29.17 8.61	1435.64	89.01	247.00	73.00	20.82	1) 0.0 2) 0.0 3) 0.0	0 420.02	1005.81
Jesus Pena	3	Bricklayer	D 0 8		0 0	0 0	0 0	0 0	0	0	0.00 0.00 6.00	0.00 0.00 0.00 0.00 29.17 8.61	/	14.06	0.00	0.64	3.29	1) 0.0 2) 0.0 3) 0.0	0 47.00	208.69 33022
Bernard Robinson	1	Bricklayer	D 0 8	0	0 0 8.50	0 0 8.50	0 0 8.50	0 2.00 6.50	0	0 ;	0.00 2.00 40.00	0.00 0.00 43.76 8.61 29.17 8.61	1615.94	100.19	188.00	84.00	23.43	1) 0.0 2) 0.0 3) 0.0	0 205.00	1220.32 33028
Jose D. Rodas	0	Laborer/Skilled	D 0 8	0	0 0 8.00	0 0 8.00	0 0 8.00	0 0 8.00	0 0 0	0	0.00 0.00 88.00	0.00 0.00 0.00 0.00 21.82 6.97	/	67.83	122.00	83.92	15.86	1) 0.0 2) 0.0 3) 0.0	0 200.61	804.41 33029

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTACTOR & Restoration, Inc.		Wage DC Det:	140	002 (	Mod.	13)			,	ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 49.0		FOR WEEK EN 07/31/2016		G							AND LOCAT uild of His on, DC	toric Center	Building,	Phase 2			T OR CONT 13-1400/G	RACT NO. S-11P-14-N	/M-C-0011
(1)	(2) SNOING LONS	(3)	OT or DT	MON -	UEW		U FRI	SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	r Deductions	- 1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,	$\vdash$	26   2 URS V	27 28 NORKE	29 D EAC			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Jaime D. Rodriguez	1	Bricklayer	0	0	0 0 8.00 8.	_	0 0	0 0		0.00 0.00 38.00	0.00 0.00 0.00 0.00 29.17 8.61	1435.64	89.01	247.00	73.00	20.82	1) 0.00 2) 0.00 3) 0.00	) ,,,,	1005.81
Enemecio Romero	0	Laborer: Common/General	D O S		0 0 8.00 8.	0	0 0 0 0 0 0 0 0 8.00	0	0	0.00 0.00 38.00	0.00 0.00 0.00 0.00 18.00 0.00	684.00	42.41	87.00	31.00	9.92	1) 0.00 2) 0.00 3) 0.00	170.00	513.67 33036
Ademir W. SortoEscobar	2	Bricklayer	D 0 S		0 0 0	0	0 0 0	0	0	0.00 0.00 6.00	0.00 0.00 0.00 0.00 29.17 8.61	226.68	73.72	166.00	81.70	17.25	1) 0.00 2) 0.00 3) 0.00	000.07	850.51 33042
Jaime A. SotoCaballero	2	Bricklayer	D 0	0	0 0 8.00 8.	0	0 0 0	0 0	0	0.00 0.00 38.00	0.00 0.00 0.00 0.00 29.17 8.61	1435.64	89.01	149.00	101.29	20.82	1) 0.00 2) 0.00 3) 0.00	000.40	1075.52 33043

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR Atlantic Refinishing & Restoration, Inc.		₹ ✓ Wage DC1 Det:	40	002	(Mo	od. 1	3)				ADDRESS		d Washingto , MD 20601	n Road							
PAYROLL NO. 49.0		FOR WEEK ENI 07/31/2016	OINC	G						[			ION storic Center	Building,	Phase 2		PROJEC G14.31			CT NO. -11P-14-MI	M-C-0011
(1) NAME. ADDRESS. AND	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	OT or DT	MON 25	TUE	WED	THU	FRI 29	SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local 2) Local 3) Other	Tax 2	2	(9) NET WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHH EXEMP		ST,					DEAC			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHE	-	TOTAL DEDUCTIONS	FOR WEEK/
Donald T. Walsh	1	Bricklayer	D 0	0	C	0	0	2.00	0	0	2.00	0.00 0.00 43.76 8.61		100.18	292.00	84.00	23.43	2) (	0.00	499.61	1116.33
(b) (6)			s	8.00	8.50	8.50	8.50	6.50	0	0	40.00	29.17 8.61	1615.94								33053

Date August 5th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Sandra Smith Payroll Supervisor (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employeed by	(c) EXCEPTIONS
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)	(c) EXOLI HONO
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
25th day of July , 2016 , and ending the 31st day of July , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Child Support, Child Support Fee	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Payroll #49
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Sandra Smith, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR Atlantic Refinishing & Restoration, Inc.	ACTOR	Wage DC1 Det:									ADDRESS		d Washingto MD 20601	n Road							
PAYROLL NO. 50.0		FOR WEEK ENI 08/07/2016	OINC	G						[	PROJECT / Design/B Washingt		on toric Center	Building,	Phase 2		PROJEC G14.31			CT NO. -11P-14-M	M-C-0011
(1)	(2) SNOIL	(3) WORK	OT or DT	MON	TUE	WED TI	HU	FRI S	SAT		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) Loc	al Tax 1 al Tax 2 er Dedu		(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	ST, OT		2 OURS	3 A	4 ED		6 DA	7 Y	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТН		TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Pedro A. Alvarez	1	Laborer: Common/General	О S		0 8.00	0 0 8.00	0 0	0 8.00	0 0	0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 18.00 0.00	576.00 720.00	44.64	81.00	32.37	10.44	2)	0.00 0.00 0.00	168.45	551.55 33078
Nelson E. BenitezRomero	0	Bricklayer	D 0 8	0	0 0 8.00	0 0 8.00 8.	0 0	0 0 8.00	0 0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.70	286.00	79.00	21.91	2)	0.00 0.00 0.00	480.61	1030.59 33087
Jeffrey T. Brown	2	Laborer: Common/General	D 0 8		0 0 8.00	0 0 8.00	0 0 0	0 0 8.00	0 0	0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 18.00 0.00	576.00 722.00	44.76	70.00	49.45	10.47	2)	0.00 0.00 0.00	174.68	547.32 33091
Terrance E. Burton	0	Bricklayer	D 0		0	0	0 0	0	0		0.00	0.00 0.00	1511.20	93.69	184.00	79.00	21.91	2)	0.00 0.00 0.00	378.60	1132.60
(b) (6)			S	8.00	8.00	8.00 8.	00	8.00	0	0	40.00	29.17 8.61	1511.20								33092

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCO	ONTRACTOR	₩ Wage DC1 Det:	Det:										d Washington MD 20601	n Road						
PAYROLL NO. 50.0		FOR WEEK END 08/07/2016	DING	3						Desi	ign/Bu	ND LOCATI	ON toric Center	Building,	Phase 2			T OR CONTE 3-1400/G	RACT NO. S-11P-14-M	1M-C-0011
(1)	(2) SINON SI	(3) WORK			TUE	WED .		-RI S	SAT SU	IN (	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions -	- 1) Local Tax 2) Local Tax 3) Other De	x 2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	ST, OT	1	2 IOURS	3 WOR			6 7	— то	OTAL OURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK Check No.
Julio A. Canales	1	Bricklayer	D O S	0 0 8.00	0 8.00	0 8.00	0 0 8.00 8	0 0 5.00	0 0	0 (	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.70	266.00	67.03	21.91	1) 0.00 2) 0.00 3) 0.00	) 440.64	1062.56 33096
Tyler W. Everhart	0	Laborer: Common/General	D O S	0 0 8.00	0 0 8.00	0 0 8.00 8	0 0 8.00	0 0 0	0	0 (	0.00 0.00 32.00	0.00 0.00 0.00 0.00 18.00 0.00	576.00	44.64	93.00	33.00	10.44	1) 0.00 2) 0.00 3) 0.00	) 404.00	538.92 33108
James D. Farris	1	Laborer: Common/General	D 0 8	0 0 2.00	0 0 2.00	0 0 3.00	0 0 5.00 4	0 0		0 (	0.00 0.00 7.00	0.00 0.00 0.00 0.00 22.00 0.00	374.00 880.00	54.56	78.00	41.00	12.76	1) 0.00 2) 0.00 3) 0.00	100.00	693.68 33109
Jhoni G. Guzman	2	Bricklayer	D 0 8	0 0 8.00	0 8.00	0 0 8.00	0 0 0 8	0 0 0 0.00		0	0.00 0.00 2.00	0.00 0.00 0.00 0.00 29.17 8.61	1208.96	94.82	164.00	108.74	22.18	1) 0.00 2) 0.00 3) 117.39	507.40	1022.23 33123
Other Deduction Detail: Child Supp	ort: 115 30	Child Support Fee: 2.00	<u> </u>										-		·			•	-	•

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

	Wage DC Det:	140	002 (	(Mod.	13)			Α	ADDRESS		d Washingtoi , MD 20601	n Road							
	FOR WEEK EN 08/07/2016		3					D	esign/Bu	uild of His	ION storic Center	Building, l	Phase 2						M-C-0011
(2) SNOIL	(3)	OT or DT	MON	TUE	ED THU	J FRI	SAT		(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions	2) Loc	cal Tax 2	2	(9) NET WAGES
NO. OF WITHHO EXEMP	CLASSIFICATION	ST,	1 H					_	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТН		TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
0	Laborer: Common/General	0		0 0 8 00 8	0 0	0	0	0	0.00	0.00 0.00		44.64	93.00	39.35	10.44	1) 2) 3)	0.00 0.00 0.00	187.43	532.57 33128
1	Bricklayer	D 0 8	0 0 8.00	0 0 8.00 8.	0 0	0	0 0	0 0	0.00 0.00 40.00	0.00 0.00		93.70	266.00	78.00	21.92	1) 2) 3)	0.00 0.00 0.00	459.62	1051.58 33133
0	Bricklayer	D 0 8	0 0 8.00	0 0 0 8.00 8.	0 0	0	0 0	0 0 0	0.00 0.00 40.00	0.00 0.00		93.70	286.00	79.00	21.91	1) 2) 3)	0.00 0.00 0.00	480.61	1030.59 33136
0	Bricklayer	D 0	0 0	0 0	0 0	0	0 0	0	0.00	0.00 0.00		93.69	266.00	78.00	21.91	1) 2) 3)	0.00 0.00 0.00	459.60	1051.60 33140
	NO. OF WITHHOLDING EXEMPTIONS	FOR WEEK EN 08/07/2016  (2) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	FOR WEEK ENDING	Pricklayer   D   0   0   0   0   0   0   0   0   0	Cantal   C	Cantal and the second	Cantal   C	C2)	C	FOR WEEK ENDING	FOR WEEK ENDING	FOR WEEK ENDING   08/07/2016   PROJECT AND LOCATION   Design/Build of Historic Center   Washington, DC	PROJECT AND LOCATION   Design/Build of Historic Center Building, I   Washington, DC	FOR WEEK ENDING	PROJECT AND LOCATION   Design/Build of Historic Center Building, Phase 2   Washington, DC	PROJECT AND LOCATION   Design/Build of Historic Center Building, Phase 2   PROJECT AND LOCATION   Design/Build of Historic Center Building, Phase 2   G14.31   Washington, DC   Washington, DC   Washington, DC   Use of the period of the per	PROJECT AND LOCATION   Design/Build of Historic Center Building, Phase 2   PROJECT OR CG14.313-418	PROJECT AND LOCATION   Design/Build of Historic Center Building, Phase 2   G14.313-1400/GS   Washington, DC   Washington, D	PROJECT AND LOCATION   Design/Build of Historic Center Building, Phase 2   PROJECT OR CONTRACT NO.   G14.313-1400/GS-11P-14-M

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR CO	or subcontractor	Wage DC <sup>2</sup> Det:	140002 (Mod. 13)			Washingto MD 20601	n Road						
PAYROLL NO. 50.0		FOR WEEK EN 08/07/2016		PROJECT AN Design/Bui Washingto	ld of Hist	on toric Center	Building, I	Phase 2			or contr. 3-1400/GS	ACT NO. 3-11P-14-M	M-C-0011
(1)	NO. OF WITHOLDING (2) EXEMPTIONS	(3) WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SUN	(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions -	1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO	CLASSIFICATION	1 2 3 4 5 6 7  HOURS WORKED EACH DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
Kenneth L. Long	2	Bricklayer	D         0         0         0         0         0         0         0           O         0         0         0         0         0         0         0         0           S         8.00         8.00         8.00         8.00         8.00         0         0         0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.70	161.00	104.60	21.91	1) 0.00 2) 0.00 3) 0.00	381.21	1129.99 33142
Amineen I. Manraj	1	Laborer: Common/General	D         0         0         0         0         0         0         0           O         0         0         0         0         0         0         0         0           S         8.00         8.00         8.00         8.00         0         0         0         0         0	0.00	0.00 0.00 0.00 0.00 8.00 0.00	720.00	44.64	81.00	32.37	10.44	1) 0.00 2) 0.00 3) 0.00	168.45	551.55 33144
Michael W. Meadows	0	Bricklayer	D         0         0         0         0         0         0         0           O         0         0         0         0         0         0         0         0           S         8.00         8.00         8.00         8.00         8.00         0         0         0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.69	184.00	79.00	21.91	1) 0.00 2) 0.00 3) 0.00	378.60	1132.60 33146
Florencio MorenoRodriguez	2	Bricklayer	D         0         0         0         0         0         0         0           O         0         0         0         0         0         0         0         0           S         8.00         8.00         8.00         8.00         0         0         0         0	0.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20	93.69	247.00	77.00	21.91	1) 0.00 2) 0.00 3) 0.00	439.60	1071.60 33155

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTE	RACTOR	Wage DC	140	002	(Mo	d. 13)	)			/	ADDRESS	2320 Ol	d Washingto	n Road							
Atlantic Refinishing & Restoration, Inc.		Det:										Waldorf,	, MD 20601								
PAYROLL NO.		FOR WEEK EN	NDIN	G								AND LOCAT		Duilding	Dhaga 2		PROJEC	T OR	CONTRA	ACT NO.	
50.0		08/07/2016	;								Vashingt		storic Center	bullaing, i	Phase 2		G14.3	13-14	400/GS	-11P-14-M	M-C-0011
(1)	(2)	(3)	М		(4	4) DAY	AND	DATE			(5)	(6)	(7)		(8)	* Other	Deductions		ocal Tax		(9)
	DING		5	MON	TUE	WED .	THU	FRI	SAT	SUN				DE	DUCTIONS				ther Ded		NET WAGES
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT		2	3	4	5		7	TOTAL	RATE	GROSS AMOUNT		WITH- HOLDING					TOTAL	PAID FOR WEEK/
OF EMPLOYEE			+	1	IOUR	S WOR	- 1	EACH	- 1	$\dashv$	HOURS	OF PAY	EARNED	FICA	TAX	SWH	Medicare		THER*	DEDUCTIONS	Check No.
Carlos OseguedaGonvalez		Bricklayer	D		0	0	0	0	0	0	0.00	0.00 0.00	1 / 1					1)	0.00		
	1		0		0		0	0	0	0	0.00	0.00 0.00	1 / 1	93.69	266.00	78.00	21.91	3)	0.00	459.60	1051.60
(b) (6)			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	29.17 8.61	1511.20								33161
Bernard Robinson  (b) (6)	1	Bricklayer	D 0 S	0	0 0 8.50	0 0 8.50		0 2.50 6.00	0 0	0 0	0.00 2.50 40.00	0.00 0.00 43.76 8.61 29.17 8.61		101.81	192.00	85.00	23.81	1) 2) 3)	0.00 0.00 0.00	402.62	1239.51 33168
Jose D. Rodas	I	Laborer/Skilled	lъ	l ol	ol	l ol	٥١	ol	ol	ol	0.00	0.00 0.00	1151.60				I	1)	0.00		I
(b) (6)	0		0		0 8.00	0 8.00	0 8.00	0 8.00	0	0	0.00	0.00 0.00		71.40	130.00	88.49	16.70	2)	0.00 0.00	306.59	845.01 33169
																		1			
Jaime D. Rodriguez		Bricklayer	D		0		0	0	0	0	0.00		1511.20					1)	0.00		
	1		0		0		0	0	0	0	0.00	0.00 0.00	/	93.69	266.00	78.00	21.91	3)	0.00	459.60	1051.60
(b) (6)			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	29.17 8.61	1511.20								33172

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Refunishing & Restoration, Inc.	ACTOF	R ✓ Wage DC Det:	140	002 (Mo	od. 1	3)				ADDRESS		d Washingto MD 20601	n Road						
PAYROLL NO. 50.0		FOR WEEK EN 08/07/2016		3					[			on toric Center	Building, I	Phase 2				TRACT NO. GS-11P-14-N	1M-C-0011
(1) NAME. ADDRESS. AND	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	OT or DT	MON TUE	WED		FRI	SAT	SUN 7	(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions	2) Local T		(9)  NET  WAGES  PAID
Identification Number OF EMPLOYEE	NO. OF WITHH EXEMP	CLASSIFICATION	ST,			4 DRKED	5 EACH	6 H DAY	_	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER	TOTAL DEDUCTION	FOR WEEK/
Enemecio Romero	0	Laborer: Common/General	D O S		Ί ,	0 0 0 8.00	0 8.00	0 0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 18.00 0.00	720.00	44.64	93.00	33.00	10.44	1) 0.0 2) 0.0 3) 0.0	00	538.92 33176
Jaime A. SotoCaballero	2	Bricklayer	D 0 S		Ί	0 0 0 8.00	0 8.00	0 0	0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 29.17 8.61	1511.20 1511.20	93.69	161.00	107.30	21.91	1) 0.0 2) 0.0 3) 0.0	00	1127.30 33183
Donald T. Walsh	1	Bricklayer	D 0 S		´	$\perp$		0 0	0	0.00 1.50 40.00	0.00 0.00 43.76 8.61 29.17 8.61	1589.75 1589.76	98.57	286.00	82.00	23.05	1) 0.0 2) 0.0 3) 0.0	00 490 63	1100.14 33192

Date <u>August 12th, 2016</u>	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Sandra Smith Payroll Supervisor (Name of Signatory Party) (Title)  do hereby state:	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
Atlantic Refinishing & Restoration, Inc. (a sub of Grunley Construction Company on the Inc.) (Contractor or Subcontractor)  Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)  1st	(c) EXCEPTIONS
FICA, FWH, Medicare, State Tax, Child Support, Child Support Fee	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Payroll #50
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That: (a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	Sandra Smith, Payroll Supervisor  THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

<u> </u>	ME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 13)  Det:											ech Way MD 20748								
PAYROLL NO. 53.0		FOR WEEK EN 06/04/2016	DINC	3					D	PROJECT / esign/B		ON toric Center	Building,	Phase 2			T OR CO		CT NO. -11P-14-M	M-C-0011
(1) NAME, ADDRESS, AND	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	占		(4) D			FRI S		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local 2) Local 3) Other	Tax 2	2	(9) NET WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITH EXEMP	CLASSIFICATION	ST,	$\perp$	DURS W				_	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHE	R*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
MALCOLM X. AKINOLA	2	Laborer/Skilled	D 0 S	0	0 0 8.00 8.0	0 0 0 0 0 8.25	0	0 0 7.75	0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 21.82 6.97	1151.60	71.40	95.00	39.36	16.69	2) (	0.00	222.45	929.15 33591
ANTHONY B. ALVARENGA	2	Laborer/Skilled	D 0 8	0	0 0 8.00	0 0 0 0 0 4.25		0 0	0 0 0	0.00 0.00 20.25	0.00 0.00 0.00 0.00 21.82 6.97	582.99 583.00	36.15	18.00	20.77	8.45	2) (	).00 ).00 ).00	83.37	499.63 33580
CHRISTIAN ECHEVERRIA	1	Laborer/Skilled	D 0 8		0 0 8.00 4.0	0 0 0 0 0 0		0 0	0 0	0.00 0.00 20.00	0.00 0.00 0.00 0.00 21.82 6.97	575.80 575.80	35.70	33.00	30.03	8.35	2) (	0.00	107.08	468.72 33584
BRYAN GRADOS	1	Laborer/Skilled	D 0 s		0 0 8.00	0 0 0 0 0 8.00		0 0 0	0 0	0.00 0.00 21.50	0.00 0.00 0.00 0.00 21.82 6.97	618.98	38.38	39.00	33.31	8.98	2) (	).00 ).00 ).00	119.67	499.32 33581

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR OR S			ADDRES	4600 Be Temple,	eech Way , MD 20748													
PAYROLL NO. 53.0		FOR WEEK EN 06/04/2016	IDING	3					Design/	AND LOCAT Build of His gton, DC	TION storic Center	Building,	Phase 2				TRACT NO. GS-11P-14	-MM-C-0011
(1)	C) SNOIL	(3) WORK	15		MON TUE	WED		FRI S		(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local T 2) Local T 3) Other [	ax 2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	ST,	$\perp$	30 31 OURS WO		2 EACH	3 4 1 DAY	TOTAL	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER	TOTAL DEDUCTION	PAID FOR WEEK/ Check No.
RICHARD J. GRAY 3RD	4	Laborer/Skilled	D 0 S	0	0 0	1 ,	0	0 0 7.00	0 0.00 0 0.00 0 31.00	0.00 0.00		55.33	18.00	25.83	12.94	1) 0.4 2) 0.4 3) 0.4	00	0 780.39 33593
LEONEL JOVEL	3	Laborer/Skilled	D 0 8	0	0 ( 0 ( 8.00 10.00	0 0 0	0	0 8.00 2.00	0 0.00 0 8.00 0 40.00	32.73 6.97		91.09	67.00	62.00	21.30	1) 0.1 2) 0.1 3) 0.1	00	9 1227.81 33597
MICHAEL E. LEE JR	2	Laborer/Skilled	D O S		0 ( 0 ( 8.00 7.75	0 0 0 5 4.75	0 0 5.50	0 0 0	0 0.00 0 0.00 0 26.00	0.00 0.00		46.41	35.00	20.21	10.86	1) 0.0 2) 0.1 3) 0.1	00	8 636.06 33592
JORGE V. LOVO	1	Laborer/Skilled	D 0 S		0 ( 0 ( 8.00 9.50	0 0	0 0 8.00	0 0 8.50	0 0.00 0 0.00 0 34.00	0.00 0.00		60.68	93.00	38.00	14.20	1) 0. 2) 0. 3) 0.	00 005 0	8 772.98 33588

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

ME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 13)  Las Foundations of Washington, LLC										ADDRESS	4600 Be Temple,	ech Way MD 20748								
PAYROLL NO. 53.0		FOR WEEK EN 06/04/2016	IDING	3					D	PROJECT / Design/B		ON toric Center	Building,	Phase 2		PROJECT			CT NO. -11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	15		MON TU		THU	FRI		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	· Deductions	- 1) Loca 2) Loca 3) Othe	I Tax 2	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHC EXEMP	CLASSIFICATION	ST,		30 3 OURS W		2 D EAC		4	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТНЕ	ER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
CARLOS A. MARAVILLA	3	Laborer/Skilled	D 0 8	0	0 0 8.00 9.0	0 0	0	0 0 7.50	0 0	0.00 0.00 33.50	0.00 0.00 0.00 0.00 21.82 6.97	964.46 964.47	59.80	44.00	33.00	13.99	2)	0.00 0.00 0.00	150.79	813.68 33583
BRYAN S. OLIVA	1	Laborer/Skilled	D O S	0	0 0 8.00 8.0	0 0 0 0 0 8.50	0	0 0 7.50	0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 21.82 6.97	1151.60	71.40	119.00	76.03	16.70	2)	0.00 0.00 0.00	283.13	868.47 33582
JAYSON OTERO	1	Laborer/Skilled	D 0 8		0 0 8.00 9.5	0 0 0 0 50 8.50	0	0 0 5.50	0 0 0	0.00 0.00 40.00	0.00 0.00 0.00 0.00 21.82 6.97	1151.60	71.40	119.00	48.00	16.70	2)	0.00 0.00 0.00	255.10	896.50 33596
GREGORY R. PARKER	1	Laborer/Skilled	D 0 S		0 0 8.00 8.2	0 0 0 0 25 4.75	1	0 0	0 0 0	0.00 0.00 28.00	0.00 0.00 0.00 0.00 21.82 6.97	806.12	49.98	67.00	28.79	11.69	2)	0.00 0.00 0.00	157.46	648.66 33586

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR OR S			ADDRESS		ech Way MD 20748														
PAYROLL NO. 53.0		FOR WEEK EN 06/04/2016	DIN	3								ION toric Center	Building,	Phase 2			T OR CONT 3-1400/G	RACT NO. SS-11P-14-M	IM-C-0011
(1) NAME. ADDRESS. AND	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	Ь	SUN M	ION TI	DAY AN JE WEI	THU	FRI	SAT	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	r Deductions	- 1) Local Ta 2) Local Ta 3) Other Do	x 2	(9) NET WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHH EXEMP	CLASSIFICATION	ST,			VORKE	2 D EAC	3 CH DA	•	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/
VICTOR J. PEREZ 6397	1	Laborer/Skilled	D 0 S	0	0 0 0.00 9.	0 0 0 0 75 11.25	0	3.00 5.75	0	0.00 3.00 40.00	0.00 0.00 32.73 6.97 21.82 6.97	1270.70	78.78	136.00	54.00	18.43	1) 0.0 2) 0.0 3) 0.0	0 207.24	983.49 33594
	•		_								,							-	
JOSE F. RODRIGUEZ	1	Laborer/Skilled	D 0 S	0	0 0 0 0.00 9.	0 0		0 6.00 2.50	0	0.00 6.00 40.00	0.00 0.00 32.73 6.97 21.82 6.97	1389.80	86.16	154.00	61.00	20.16	1) 0.0 2) 0.0 3) 0.0	0 224.22	1068.48 33589
FELIPE TORRALES  (b) (6)	0	Laborer/Skilled	D 0 S	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 00 11.00		8.50	4.00	12.50	0.00 0.00 32.73 6.97 21.82 6.97	1647.85 1647.85	102.17	228.00	76.00	23.89	1) 0.0 2) 0.0 3) 0.0	0 420.06	1217.79 33595

Date July 8th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Naby Vallecios Payroll Supervisor	
(Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employeed by	
Atlas Foundations of Washington, LLC (a sub of Grunley Construction Company on the	(c) EXCEPTIONS
Inc.) (Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
29th day of May , 2016 , and ending the 4th day of June , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlas Foundations of Washington, LLC (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Payroll #53
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Naby Vallecios, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

IE OF CONTRACTOR ☐ OR SUBCONTRACTOR ☑ Wage DC140002 (Mod. 13)																		
	Det:									Temple,	MD 20748							
	FOR WEEK EN 06/11/2016	IDING	3						Design/B	uild of His		Building,	Phase 2					/IM-C-0011
LDING (S)	(3)	DT or DT		MON	TUE V	VED T	ГНИ			(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	2) Local T	ax 2	(9) NET WAGES
NO. OF WITHHO EXEMPT	WORK CLASSIFICATION	ST, (							TOTAL	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER	TOTAL DEDUCTION	PAID FOR WEEK/ Check No.
2	Laborer/Skilled	D 0		0	0	0	0	0	0.00 0 1.50	0.00 0.00 32.73 6.97	/	75.10	104.00	42.18	17.57	2) 0.0	000 05	972.30
		s	0	9.00	8.25 8	3.50 8	3.00 6	5.25	0 40.00	21.82 6.97	1211.15					(3)	00	33657
2	Laborer/Skilled		0	0 8.00	0 0 4.50 5	0 0 5.75 6	0 0 0.25	0	0.00			43.73	31.00	30.54	10.23	2) 0.0	00	589.86 33646
1	Laborer/Skilled	D 0 8	0	0 0 8.25	0 0 0 8	0 0 8.00 8	0 0 3.75 7	0	0.00	0.00 0.00		58.46	87.00	59.36	13.67	2) 0.0	00	724.38 33650
1	Laborer/Skilled	0	0	0 0 7.75	0 0 7.75	0 0 0 9	0 0		0.00	0.00 0.00		43.73	52.00	40.18	10.23	2) 0.0	00	559.22 33647
	(2) SNOTOHALIMA 2 SO ON 3 SO ON 2 SO ON 2 SO ON 3 SO	Det:  FOR WEEK EN  06/11/2016  (2) (3) WORK CLASSIFICATION  Laborer/Skilled  2  Laborer/Skilled  1  Laborer/Skilled	Det:  FOR WEEK ENDING 06/11/2016  (2) SOUTH AND THE STREET COLOR  WORK CLASSIFICATION  Laborer/Skilled D S  Laborer/Skilled D S  Laborer/Skilled D S  Laborer/Skilled D O S	Det:   FOR WEEK ENDING   06/11/2016	Canal   Cana	Det:   FOR WEEK ENDING   06/11/2016     (4) DAY   (4) DAY   (4) DAY   (5)   (6)   (7)	Det:   FOR WEEK ENDING   06/11/2016     (4) DAY AND I   (2)   (3)   (4) DAY AND I   (3)   (4) DAY AND I   (4) DAY AND I   (5)   (5)   (6)   (7	Carry   Carr	Det:   FOR WEEK ENDING   06/11/2016	Det:   FOR WEEK ENDING   O6/11/2016   Design/B   Washingt   C2   O3/10   C4   DAY AND DATE   C5   SUN MON TUE   WED   THU   FRI   SAT   SAT   SAT   SAT   SAT   TOTAL   HOURS WORKED EACH DAY   HOURS   CLASSIFICATION   D   O   O   O   O   O   O   O   O   O	Det:   Temple,   PROJECT AND LOCAT   Design/Build of His Washington, DC	Det:   Temple, MD 20748   FOR WEEK ENDING   O6/11/2016   PROJECT AND LOCATION   Design/Build of Historic Center   Washington, DC	Det:   Temple, MD 20748	Det:   Temple, MD 20748	Det:   Temple, MD 20748   PROJECT AND LOCATION   Design/Build of Historic Center Building, Phase 2   Washington, DC	Det:   Temple, MD 20748	Det:   Temple, MD 20748   PROJECT OR CONG   O6/11/2016   PROJECT AND LOCATION   Design/Build of Historic Center Building, Phase 2   PROJECT OR CONG   O6/11/2016   PROJECT AND LOCATION   Design/Build of Historic Center Building, Phase 2   Washington, DC   Washington, DC   Washington, DC   Washington, DC   Washington, DC   Calcalate   October Project   PROJECT AND LOCATION   PROJECT OR CONTRACT NO. G14.313-1400(GS-11P-14-N   Design/Build of Historic Center Building, Phase 2   PROJECT OR CONTRACT NO. G14.313-1400(GS-11P-14-N   Design/Build of Historic Center Building, Phase 2   Catalogram (G14.313-1400(GS-11P-14-N   Catalogram (G14.313-14) (G14.313-14-N   Catalogram (G14.313-14) (G14.313-14) (G14.313-14) (G14.313-	

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

ME OF CONTRACTOR ☐ OR SUBCONTRACTOR ✓ Wage DC140002 (Mod. 13)  Det:										ADDRESS	4600 Be Temple,	ech Way MD 20748							
PAYROLL NO. 54.0		FOR WEEK EN 06/11/2016	IDINO	G					[	PROJECT / Design/B Washingt		ION storic Center	Building,	Phase 2			T OR CONT	RACT NO. S-11P-14-M	M-C-0011
(1)	(2) SNOIL	(3) WORK	OT or DT		MON TI		D THU	FRI		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	ST, OT	5 H	6 DURS V	7 8 VORKE			11 Y	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
RICHARD J. GRAY 3RD	4	Laborer/Skilled	D 0 s	0	0 0 5.75 3.	0 (	0 0 0 0 0 6.25	0 0 5.75	0	0.00 0.00 27.25	0.00 0.00 0.00 0.00 21.82 6.97	784.52 784.53	48.64	7.00	17.20	11.37	1) 0.00 2) 0.0 3) 0.0	04.04	700.32 33659
LEONEL JOVEL	3	Laborer/Skilled	D 0 8	0	0 0 9.25 8.	0 (	0 0 0 0 0 9.50	7.75	0	7.75	0.00 0.00 32.73 6.97 21.82 6.97	1459.27	90.47	66.00	61.00	21.16	1) 0.0 2) 0.0 3) 0.0	000.00	1220.65 33663
MICHAEL E. LEE JR	2	Laborer/Skilled	D 0 8		0 0 9.00 8.	0 (	0 0 0 0 0 0	0 0 7.75	0	0.00 0.00 32.00	0.00 0.00 0.00 0.00 21.82 6.97	/	57.12	61.00	28.41	13.35	1) 0.0 2) 0.0 3) 0.0	150.00	761.40 33658
JORGE V. LOVO	1	Laborer/Skilled	D 0 s	0	0 0 8.00 8.	0 (	0 0 0 0 5 8.00	0 0 7.50	0	0.00 0.00 39.75	0.00 0.00 0.00 0.00 21.82 6.97	1144.40	70.96	117.00	47.00	16.59	1) 0.0 2) 0.0 3) 0.0	054.55	892.85 33654

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR OR S	las Foundations of Washington, LLC																	
PAYROLL NO. 54.0		FOR WEEK EN 06/11/2016	DING	<b>3</b>					PROJECT Design/E Washing		ION storic Center	Building,	Phase 2			T OR CONT	RACT NO. S-11P-14-M	IM-C-0011
(1)	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	OT or DT		ION TUI	WED		FRI SA		(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST, OT		6 7 OURS W	8 ORKE		10 1 1 DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
CARLOS A. MARAVILLA	3	Laborer/Skilled	D 0 S	0	0 0 9.00 8.50	0 0	0	0	0 0.00 0 0.00 0 35.00	0.00 0.00 0.00 0.00 21.82 6.97	1007.65	62.47	50.00	35.00	14.61	1) 0.00 2) 0.00 3) 0.00	162.00	845.57 33649
BRYAN S. OLIVA	1	Laborer/Skilled	D 0 8	0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0	0	0	0 0.00 0 0.00 0 32.00	0.00 0.00 0.00 0.00 21.82 6.97		57.12	84.00	57.63	13.36	1) 0.00 2) 0.00 3) 0.00	0 240.44	709.17 33648
JAYSON OTERO	1	Laborer/Skilled	D 0 8		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0	0		0 0.00 0 6.00 0 40.00	0.00 0.00 32.73 6.97 21.82 6.97	1389.80	86.17	154.00	61.00	20.15	1) 0.00 2) 0.00 3) 0.00	) 224 22	1068.48 33661
GREGORY R. PARKER	1	Laborer/Skilled	D 0 8		0 0 7.75 8.0	0 0 0	0 0 7.50	0 0 7.75	0 0.00 0 0.00 0 37.00	0.00 0.00 0.00 0.00 21.82 6.97	/	66.05	106.00	41.10	15.44	1) 0.00 2) 0.00 3) 0.00	) 338.50	836.64 33665

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTE	RACTOF		C14	0002	2 (Mc	d. 1	3)				ADDRESS		eech Way								
Atlas Foundations of Washington, LLC		Det:										Temple	, MD 20748								
PAYROLL NO.		FOR WEEK	ENDI	NG								AND LOCA					PROJEC	TOR	CONTR	ACT NO.	
54.0		06/11/201	16								Design/B Washingt		storic Center	r Building,	Phase 2		G14.31	3-14	400/GS	S-11P-14-M	M-C-0011
(1)	(2)	(3)			(	4) DA	Y ANI	D DAT	ГΕ		(5)	(6)	(7)		(8)	* Other	Deductions -				(9)
	NO. OF WITHHOLDING EXEMPTIONS		DRK 5 6 7 8 9 10 1						FR	SAT				DE	DUCTIONS			,	ocal Tax Other Ded		NET WAGES
NAME, ADDRESS, AND	A A A A A	WORK	-  ⊦	5	6	7	8	9	10	) 11			GROSS		l with-			$\overline{}$			PAID
Identification Number OF EMPLOYEE	NS WA	CLASSIFICATION	'		HOUR	S WC	RKED	EAC	CH D	AY	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	0-	THER*	TOTAL DEDUCTIONS	FOR WEEK Check No.
JOSE F. RODRIGUEZ		Laborer/Skilled	[		0 0	0	0	0		0 0	0.00	0.00 0.00	1310.40	1			ĺ	1)	0.00		
	1		C	)	0 0	0	0	0	4.0	0 0	4.00	32.73 6.97	7	81.25	142.00	57.00	18.99	3)	0.00	299.24	1011.16
(b) (6)				3	0 8.00	8.00	8.25	8.00	7.75	5 0	40.00	21.82 6.97	1310.40					Ľ			33662
FELIPE TORRALES		Laborer/Skilled	[		0 0	0	0	0		0 0	0.00	0.00 0.00	1469.20	1				1)	0.00		
	0		(		0 0	0	0	0	8.0	0 0	8.00	32.73 6.97		91.09	190.00	66.00	21.31	(2) (3)	0.00	368.40	1100.80
(b) (6)				3	0 9.25	8.75	8.50	9.50	4.00	0 0	40.00	21.82 6.97	1469.20					Ĺ			33660

Date July 11th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Naby Vallecios Payroll Supervisor	
(Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.
Atlas Foundations of Washington, LLC (a sub of Grunley Construction Company on the	(c) EXCEPTIONS
Inc.) (Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
5th day of June , 2016 , and ending the 11th day of June , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlas Foundations of Washington, LLC (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
, (65.1146.6. 6. 64.567.1146.6.)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Payroll #54
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Naby Vallecios, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

<b>—</b>	Det:											ech Way MD 20748								
Atlas Foundations of Washington, LLC		DCt.									remple,	WID 20140								
PAYROLL NO. 55.0		FOR WEEK EN 06/18/2016	IDING	G					[	PROJECT / Design/B Vashingt		ION toric Center	Building,	Phase 2		PROJECT G14.31			CT NO. -11P-14-M	M-C-0011
(1)	(2) SNOL	(3)	OT or DT		MON TU	IE WED		FRI		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local 2) Loca 3) Othe	Tax 2	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, OT		13 1 OURS W		16 D EAC			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHE	:R*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
MALCOLM X. AKINOLA	2	Laborer/Skilled	D 0 S	0	0 0 7.75 7.	0 0	0	0 0.50	0	0.00 0.00 30.25	0.00 0.00 0.00 0.00 21.82 6.97	870.89 870.90	53.99	53.00	26.02	12.62	2) (	0.00	145.63	725.27 33738
ANTHONY B. ALVARENGA	2	Laborer/Skilled	D 0 8	0	0 0 7.25 6.0	0 0 0 0 00 6.25	0	0 0 1.50	0 0 0	0.00 0.00 21.00	0.00 0.00 0.00 0.00 21.82 6.97	604.59	37.49	21.00	22.49	8.76	2) (	0.00	89.74	514.85 33727
CHRISTIAN ECHEVERRIA	1	Laborer/Skilled	D 0 8		0 0 7.50 7.5	0 0 0 0 50 3.75	0	0 0 1.50	0 0	0.00 0.00 20.25	0.00 0.00 0.00 0.00 21.82 6.97	582.99 583.00	36.15	34.00	30.60	8.45	2) (	0.00 0.00 0.00	109.20	473.80 33731
BRYAN GRADOS	1	Laborer/Skilled	D 0 8		0 0 8.00 7.5	0 0	0	0 0 1.00	0 0	0.00 0.00 24.25	0.00 0.00 0.00 0.00 21.82 6.97	698.15 698.16	43.28	51.00	39.60	10.12	2) (	0.00 0.00 0.00	144.00	554.16 33728

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

ME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 13)  Det:										DDRESS	4600 Be Temple,	ech Way MD 20748								
PAYROLL NO. 55.0		FOR WEEK EN 06/18/2016	IDING	3					D	ROJECT / esign/Bi		ion toric Center	Building, l	Phase 2		PROJECT G14.31			ACT NO. -11P-14-M	M-C-0011
(1)	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	OT or DT		MON TU		DHT	FRI S		(5)	(6)	(7)	DEI	(8) DUCTIONS	* Other	Deductions	- 1) Loca 2) Loca 3) Othe	al Tax 2	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHC EXEMP	CLASSIFICATION	ST, OT	$\perp$	13 1 OURS W			17 H DAY	18	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТНІ	ER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
RICHARD J. GRAY 3RD	4	Laborer/Skilled	D 0 S	0	0 0 4.00 7.5	0 0 0 0 50 4.75		0 0	0 0	0.00 0.00 20.25	0.00 0.00 0.00 0.00 21.82 6.97	582.99 583.00	36.15	0.00	1.10	8.46	2)	0.00 0.00 0.00	45.71	537.29 33740
LEONEL JOVEL	3	Laborer/Skilled	D 0 8	0	0 0 9.75 8.2	0 C	0	0 5.50 4	0 4.00 0	0.00 9.50 40.00	0.00 0.00 32.73 6.97 21.82 6.97	1528.75	94.78	74.00	65.00	22.17	2)	0.00 0.00 0.00	255.95	1272.80 33766
MICHAEL E. LEE JR	2	Laborer/Skilled	D O S		0 0 7.25 8.2	0 C 0 C 25 7.75	0	0 0 4.00	0 0	0.00 0.00 30.25	0.00 0.00 0.00 0.00 21.82 6.97	870.89 870.90	54.00	53.00	26.02	12.63	2)	0.00 0.00 0.00	145.65	725.25 33739
JORGE V. LOVO	1	Laborer/Skilled	D 0 S		0 0 6.75	0 C 0 C 0 8.00		0 0	0 0	0.00 0.00 22.75	0.00 0.00 0.00 0.00 21.82 6.97	654.97	40.61	44.00	20.00	9.50	2)	0.00 0.00 0.00	114.11	540.86 33735

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 13) Atlas Foundations of Washington, LLC										ADDRESS	4600 Be	ech Way MD 20748								
PAYROLL NO. 55.0		FOR WEEK EN 06/18/2016		<b>3</b>					[	PROJECT A Design/B Washingt	AND LOCAT		Building,	Phase 2			T OR CO		CT NO. -11P-14-M	M-C-0011
(1) NAME, ADDRESS, AND	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	ST, OT or DT		MON TI			FRI	SAT	(5)	(6)	(7) GROSS	DE	(8) DUCTIONS	* Other	· Deductions	- 1) Local 2) Local 3) Other	Tax 2		(9) NET WAGES PAID
Identification Number OF EMPLOYEE	NO. O	CLASSIFICATION		H	OURS V					TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHE	-	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
CARLOS A. MARAVILLA	3	Laborer/Skilled	D 0 S	0	0 0 9.75 8.	0 0	0	4.50 3.50	0	0.00 4.50 40.00	0.00 0.00 32.73 6.97 21.82 6.97	1330.25	82.48	99.00	54.00	19.29	2) 0	0.00	254.77	1075.48 33730
BRYAN S. OLIVA	1	Laborer/Skilled	D 0 s	0	0 0 0 7.	0 ( 0 ( 75 6.75		0 0	0	0.00	0.00 0.00 0.00 0.00 21.82 6.97		35.26	33.00	29.45	8.25	2) 0	0.00 0.00 0.00	105.96	462.64 33729
JAYSON OTERO	1	Laborer/Skilled	D 0 S		0 0 8.50 8.	0 ( 0 ( 00 8.00		0 1.00 7.50	0	0.00 1.00 40.00	0.00 0.00 32.73 6.97 21.82 6.97	1191.30	73.86	125.00	50.00	17.27	2) 0	0.00	266.13	925.17 33764
GREGORY R. PARKER	1	Laborer/Skilled	D 0 8		0 0 0 7.	0 ( 0 ( 75 6.75		0 0	0	0.00 0.00 16.50	0.00 0.00 0.00 0.00 21.82 6.97	/	29.45	23.00	13.33	6.89	2) 0	0.00	72.67	402.37 33733

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

ME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 13)  Jas Foundations of Washington, LLC  PROLL NO FOR WEEK ENDING										ADDRESS		ech Way MD 20748								
PAYROLL NO. 55.0		FOR WEEK EN 06/18/2016		3								on toric Center	Building,	Phase 2		PROJECT			CT NO. -11P-14-M	M-C-0011
(1) NAME. ADDRESS. AND	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	늉	SUN MO	N TUE	WED		FRI		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local 2) Local 3) Other	Tax 2	2	(9) NET WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,				D EAC			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHE	:R*	TOTAL DEDUCTIONS	FOR WEEK/
JORGE A. PEREZ	1	Laborer/Skilled	D 0 S	0 (	0 0	0 0 0 0 8.00	1	0 0	0	0.00 0.00 24.00	0.00 0.00 0.00 0.00 21.82 6.97	690.96 690.96	42.84	49.00	22.00	10.01	2) (	0.00 0.00 0.00	123.85	567.11 33767
JOSE F. RODRIGUEZ	1	Laborer/Skilled	D 0 S	0 (	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 8.00	0	0 0 6.00		0.00 0.00 30.00	0.00 0.00 0.00 0.00 21.82 6.97	863.70 863.70	53.55	75.00	31.00	12.53	2) (	0.00 0.00 0.00	172.08	691.62 33765
FELIPE TORRALES  (b) (6)	0	Laborer/Skilled	D 0 S	0 (		0 0 0	1	5.50	4.00	9.50 40.00	0.00 0.00 32.73 6.97 21.82 6.97	1528.75 1528.75	94.79	199.00	69.00	22.17	2) (	0.00	384.96	1143.79 33763

Date July 12th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Naby Vallecios Payroll Supervisor	
(Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employeed by	
Atlas Foundations of Washington, LLC (a sub of Grunley Construction Company on the	(c) EXCEPTIONS
Inc.) (Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
12th day of June , 2016 , and ending the 18th day of June , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlas Foundations of Washington, LLC (a sub of Grunley Construction Company from the full	
Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax	
	REMARKS  Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Payroll #55
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #CO 111 14 MM C 0011, Wage Decision #DO140002 MCC 13 00/00/14,1 ayron #35
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Naby Vallecios, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 13)  Atlan Foundations of Workington LLC									ADDRES	4600 Be	ech Way MD 20748							
Atlas Foundations of Washington, LLC		Det.								rempie,	IVID 20746							
PAYROLL NO. 56.0		FOR WEEK EN 06/25/2016	IDING	3					Design/	AND LOCAT Build of His gton, DC	ion storic Center	Building,	Phase 2			T OR CONT 13-1400/G	RACT NO. S-11P-14-M	IM-C-0011
(1)	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK	lь		MON TU	E WED		FRI SA		(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,	$\perp$	20 2 DURS W			24 2 1 DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
MALCOLM X. AKINOLA	2	Laborer/Skilled	D 0 S	0	0 0 8.75 7.7	0 0 0 0 5 5.75	0	0 0 8.25	0 0.00 0 0.00 0 30.50	0.00 0.00		54.44	54.00	26.36	12.74	1) 0.0 2) 0.0 3) 0.0	0 147.54	730.56 33824
ANTHONY B. ALVARENGA	2	Laborer/Skilled	D 0 8	0	0 0	0 0 0 0	0	0	0 0.00 0 0.00 0 7.25	0.00 0.00	1 / 1	12.94	0.00	0.00	3.03	1) 0.0 2) 0.0 3) 0.0	0 45.07	192.76 33813
CHRISTIAN ECHEVERRIA	1	Laborer/Skilled	D 0 8		0 0 5.50	0 0 0 0 0 0	0	0 0 7.25	0 0.00 0 0.00 0 12.75	0.00 0.00		22.75	12.00	14.89	5.33	1) 0.00 2) 0.0 3) 0.0	0 54.07	312.10 33817
BRYAN GRADOS	1	Laborer/Skilled	D 0 8		0 0 8.00	0 0 0 0 0 1.00	0	0 0	0 0.00 0 0.00 0 9.00	0.00 0.00		16.07	2.00	6.23	3.76	1) 0.0 2) 0.0 3) 0.0	0 20.00	231.05 33814

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

AME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 13) Ltlas Foundations of Washington, LLC									ADDRESS	4600 Be Temple,	ech Way MD 20748							
PAYROLL NO. 56.0		FOR WEEK EN 06/25/2016	IDING	3					PROJECT Design/B Washing		ION storic Center	Building,	Phase 2			T OR CONT	RACT NO. S-11P-14-M	IM-C-0011
(1)	NO. OF WITHHOLDING (2) EXEMPTIONS	(3) WORK	lь		MON TU	WED		FRI SAT	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Ta 2) Local Ta 3) Other De	x 2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATION	ST,		20 2.			24 25 I DAY	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
RICHARD J. GRAY 3RD	4	Laborer/Skilled	D O S	0	0 0 6.25 6.5	0 0 0	0	0 (	0.00	0.00 0.00 0.00 0.00 21.82 6.97	690.96 690.96	42.84	0.00	9.73	10.02	1) 0.00 2) 0.00 3) 0.00	0 60.50	628.37 33826
LEONEL JOVEL	3	Laborer/Skilled	D 0 8	0	0 0 9.25 8.0	0 0 0	0	0 ( 0 ( 8.25 (	0.00	0.00 0.00 0.00 0.00 21.82 6.97	/	66.50	28.00	39.00	15.55	1) 0.00 2) 0.00 3) 0.00	140.05	923.38 33823
MICHAEL E. LEE JR	2	Laborer/Skilled	D 0 8		0 0 6.50 7.5	0 0 0 0 0 0 5.50	0	0 ( 0 ( 8.25 (	-	0.00 0.00 0.00 0.00 21.82 6.97	/	49.53	42.00	22.60	11.59	1) 0.00 2) 0.00 3) 0.00	105.70	673.20 33825
CARLOS A. MARAVILLA	3	Laborer/Skilled	D 0 8		0 0 9.00	0 0 0	0	0 ( 0 ( 8.25 (	0 0.00 0 0.00 0 23.00	0.00 0.00 0.00 0.00 21.82 6.97	/	41.05	11.00	17.00	9.60	1) 0.00 2) 0.00 3) 0.00	70.65	583.52 33816

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 13)  Atlas Foundations of Washington, LLC									ADDRESS	4600 Be Temple,	ech Way MD 20748							
PAYROLL NO. 56.0	<u> </u>	FOR WEEK EN 06/25/2016		G					PROJECT Design/E Washing		ION storic Center	Building,	Phase 2			T OR CONTI	RACT NO. S-11P-14-M	M-C-0011
(1) NAME, ADDRESS, AND	NO. OF WITHHOLDING (2) EXEMPTIONS (3)	(3) WORK	ST, OT or DT	SUN I	MON T		THU	FRI SA 24 2!	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax 3) Other De	<b>(</b> 2	(9) NET WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHH EXEMP	CLASSIFICATION	ST,			VORKEI			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/
BRYAN S. OLIVA	1	Laborer/Skilled	D 0 S	0	0 8.00	0 0 0	0	0	0.00 0 0.00 0 8.00	0.00 0.00 0.00 0.00 21.82 6.97	230.32	14.28	0.00	3.96	3.33	1) 0.00 2) 0.00 3) 0.00	04.57	208.75
JAYSON OTERO	1	Laborer/Skilled	D 0 s	0	0 0 8.75 6	0 0 0 0 75 5.75	0	0	0 0.00 0 0.00 0 34.75	0.00 0.00 0.00 0.00 21.82 6.97	/	62.03	96.00	39.00	14.51	1) 0.00 2) 0.00 3) 0.00	) 211 51	788.91 33820
GREGORY R. PARKER	1	Laborer/Skilled	D 0 8	0	0 0 7.75 7	0 0 0 0 75 5.25	0		0 0.00 0 0.00 0 29.00	0.00 0.00 0.00 0.00 21.82 6.97	/	51.76	71.00	30.16	12.11	1) 0.00 2) 0.00 3) 0.00	165.03	669.88 33819
JORGE A. PEREZ	1	Laborer/Skilled	D 0 8	0	0 0 9.00 8	0 0 0 0 00 5.75	0		0 0.00 0 0.00 0 30.75	0.00 0.00 0.00 0.00 21.82 6.97	/	54.88	79.00	32.00	12.84	1) 0.00 2) 0.00 3) 0.00	170.70	706.57 33821

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTR	ACTOR	₩age DC1	140	0002	(Mod	d. 13	)			/	ADDRESS	4600 Be	ech Way								
Atlas Foundations of Washington, LLC		Det:										Temple	, MD 20748								
PAYROLL NO.		FOR WEEK EN	DIN	G								AND LOCAT		Destruction of	DI: 0		PROJEC	T OR	CONTR	ACT NO.	
56.0		06/25/2016									Design/Bi Vashingt		storic Center	Building,	Phase 2		G14.31	3-14	400/GS	S-11P-14-MI	M-C-0011
(1)	(2)	(3)	Τ.		(4	l) DAY	AND I	DATE	=		(5)	(6)	(7)		(8)	* Other	Deductions				(9)
	SNS		o D		MON	TUE	WED	гни	FRI S	SAT				DE	DUCTIONS			,	ocal Tax other Ded		NET WAGES
NAME, ADDRESS, AND	T 걸 를	WORK	ST, O		20	21	22	23	24	25			GROSS		WITH-	1					PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	l's		HOURS					-	TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	0.	THER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
JOSE F. RODRIGUEZ		Laborer/Skilled	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1050.83					1)	0.00		
	1		0		0	0	0	0	0	0	0.00	0.00 0.00		65.15	103.00	42.00	15.23	(2) (3)	0.00	225.38	825.46
(b) (6)			S	0	8.75	8.00	5.75	6.00	8.00	0	36.50	21.82 6.97	1050.84								33822
FELIPE TORRALES		Laborer/Skilled	D	0	0	0	0	0	0	0	0.00	0.00 0.00	273.50					1)	0.00		
	0		0		0	0	0	0	0	0	0.00	0.00 0.00		16.95	19.00	3.00	3.96	2)	0.00	42.91	230.59
(b) (6)			S	0	9.50	0	0	0	0	0	9.50	21.82 6.97	273.50								33818

Date July 12th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Naby Vallecios Payroll Supervisor	
(Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.
Atlas Foundations of Washington, LLC (a sub of Grunley Construction Company on the	(c) EXCEPTIONS
Inc.) (Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
19th day of June , 2016 , and ending the 25th day of June , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlas Foundations of Washington, LLC (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
, (contractor of cases).	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Payroll #56
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Naby Vallecios, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 13)  Atlac Foundations of Washington LLC										ADDRESS	4600 Be	ech Way MD 20748								
Atlas Foundations of Washington, LLC		Det.									remple,	WID 20140								
PAYROLL NO. 57.0		FOR WEEK EN 07/02/2016	IDING	3						PROJECT Design/B Washing		ION storic Center	Building,	Phase 2		PROJECT G14.31			CT NO. -11P-14-MI	M-C-0011
(1)	(2) SNOL	(3)	OT or DT		MON 1		ED TH	HU FI	RI SAT	(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Loca 2) Loca 3) Othe	l Tax 2	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,			28 2 WORK	9 3 ED E			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	ОТНЕ	R*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
MALCOLM X. AKINOLA		Laborer/Skilled	D 0 S	0	0 8.75	0 0 6.75 8.	0 0 8.0	0	0 0 0 0 25 0	0.00	0.00 0.00 0.00 0.00 21.82 6.97	1029.24	63.82	77.00	33.54	14.92	2)	0.00 0.00 0.00	189.28	839.96 33914
ANTHONY B. ALVARENGA	2	Laborer/Skilled	D 0 8	0	0 0 6.25	0 0 5.75 6.	0	0	0 0 0 0	0.00	0.00 0.00 0.00 0.00 21.82 6.97		32.13	12.00	15.59	7.51	2)	0.00 0.00 0.00	67.23	450.99 33907
CHRISTIAN ECHEVERRIA	1	Laborer/Skilled	D O S		0 0 1.75	0 0 0 6.	0 0 50 6.0	0	0 0 0 0 50 0		0.00 0.00 0.00 0.00 21.82 6.97	/	31.68	27.00	24.87	7.41	2)	0.00 0.00 0.00	90.96	420.06 33910
BRYAN GRADOS	1	Laborer/Skilled	D 0 S		0 0 6.25	0 0 7.50 8.	0 0 0 7.7	0	0 0 0 0 0 0	-	0.00 0.00 0.00 0.00 21.82 6.97	/	52.65	73.00	51.62	12.31	2)	0.00 0.00 0.00	189.58	659.73 33908

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONT	RACTOR		140	0002	(Mod	l. 13)			T	ADDRESS		ech Way								
Atlas Foundations of Washington, LLC	;	Det:									Temple,	MD 20748								
PAYROLL NO.		FOR WEEK EN		G							AND LOCAT	TION Storic Center	Ruilding	Phasa 2		PROJEC				
57.0		07/02/2016								Washing		storic Ceriter	Dulluling,			G14.3	13-140	00/GS	5-11P-14-M	M-C-0011
(1)	(2)	(3)	占			DAY A				(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions		cal Tax :		(9)
	LDING	work	lь						RI SAT				DL	D001101 <b>1</b> 0			3) Oth	ner Ded	uctions	NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,			28 2 WORK	29 3			TOTAL	RATE	GROSS AMOUNT	FICA	WITH- HOLDING	SWH	Medicare	OTI	HER*	TOTAL	PAID FOR WEEK/ Check No.
RICHARD J. GRAY 3RD	ZSW	Laborer/Skilled	D	1 1	0	0	0		0 0	HOURS 0.00	0.00 0.00	690.96	FICA	TAX	SWH	Medicare	1)	0.00	DEDUCTIONS	CHECK NO.
	4		0	0	0	0	0	0	0 0		0.00 0.00	1 / 1	42.84	0.00	9.73	10.01	2)	0.00	62.58	628.38
(b) (6)			s	0	0	7.75 5.	.75 7	.25 3.2	25 0	24.00	21.82 6.97	690.96					3)	0.00		33916
LEONEL JOVEL	3	Laborer/Skilled	D O S	0	0 0 9.00	0 0 8.00 8.	0 0 .50 8	0 3.0		3.00	0.00 0.00 32.73 6.97 21.82 6.97		78.78	47.00	50.00	18.43	1) 2) 3)	0.00 0.00 0.00	194.21	1076.49 33919
MICHAEL E. LEE JR	I	Laborer/Skilled	D	o	0	0	0	0	0 0	0.00	0.00 0.00	611.78			l		1)	0.00		
(b) (6)	2		0 S		0 5.00	0 0 6.	0 .25 6		0 0	0.00 21.25	0.00 0.00 21.82 6.97	/	37.93	21.00	13.71	8.87	2)	0.00	81.51	530.28 33915
CARLOS A. MARAVILLA	3	Laborer/Skilled	D 0 8	0	0 0 9.00	0 0 8.00 8.	0 0 .50 8	0	0 0 0 0 25 0	0.00	0.00 0.00 0.00 0.00 21.82 6.97	1101.21	68.28	64.00	41.00	15.96	1) 2) 3)	0.00 0.00 0.00	189.24	911.98 33909
(b) (6)			S	0	9.00	8.00 8.	.50 8	3.50 4.2	25 0	38.25	21.82 6.97	1101.22								339

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 13)  Atlas Foundations of Washington LLC										ADDRESS	4600 Be	ech Way MD 20748								
Atlas Foundations of Washington, LLC		Dot.									rempie,	WD 20140								
PAYROLL NO. 57.0		FOR WEEK EN 07/02/2016	DING	G					[	PROJECT / Design/B Washingt		on toric Center	Building,	Phase 2			T OR CO		CT NO. -11P-14-MI	M-C-0011
(1)	(2) SNOL	(3)	OT or DT		MON TI		D THU	FRI		(5)	(6)	(7)	DE	(8) DUCTIONS	* Other	Deductions	- 1) Local 2) Local 3) Other	Tax 2	2	(9) NET WAGES
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST,		27 2 OURS V		30 D EAC	H DAY	2	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHE	R*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
JAYSON OTERO	1	Laborer/Skilled	D 0 S	0	0 8.00 8.	0 (		0 1.50 7.75	0	0.00 1.50 40.00	0.00 0.00 32.73 6.97 21.82 6.97	1211.15	75.09	127.00	51.00	17.56	2) (	0.00	270.65	940.50 33918
GREGORY R. PARKER	1	Laborer/Skilled	D 0 S	0	0 0 0 3.	0 (	0 0 0 0 5 7.25	0	0 0	0.00 0.00 20.25	0.00 0.00 0.00 0.00 21.82 6.97	582.99 583.00	36.15	34.00	18.19	8.45	2) (	).00 ).00 ).00	96.79	486.21 33911
JORGE A. PEREZ	1	Laborer/Skilled	D O S	0 0	0 0 0 7.	0 ( 0 ( 25 8.25		0 0 4.25	0 0	0.00 0.00 28.25	0.00 0.00 0.00 0.00 21.82 6.97	813.31 813.32	50.43	68.00	28.00	11.79	2) (	0.00	158.22	655.10 33912
JOSE F. RODRIGUEZ	1	Laborer/Skilled	D 0 s		0 0 0 7.	0 (		0 0 6.00	0 0	0.00 0.00 29.50	0.00 0.00 0.00 0.00 21.82 6.97	849.30	52.66	73.00	30.00	12.32	2) (	).00 ).00 ).00	167.98	681.33 33913

Date July 12th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Naby Vallecios Payroll Supervisor (Name of Signatory Party) (Title)	✓ Each laborer or mechanic listed in the above referenced payroll has been paid, as
do hereby state:	indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS
Atlas Foundations of Washington, LLC (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
26th day of June , 2016 , and ending the 2nd day of July , 2016 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Atlas Foundations of Washington, LLC (a sub of Grunley Construction Company Inc.) (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Payroll #57
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE:  Naby Vallecios, Payroll Supervisor  (b) (6)
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 13)  Baker DC #03-300-0100									ADDRESS 1110 Vermont Avenue. NW Washington, DC 20005													
PAYROLL NO.		FOR WEEK EN	NDIN	G							PROJECT				PROJECT OR CONTRACT NO.							
3.1		06/05/2016	6							- 1	Design/Build of Historic Center Building, Phase 2 Washington, DC							G14.313-1400/GS-11P-14-MM-C-0				
(1)	(2)	(3)			(4	4) DAY	AND	DATE	=		(5)	(6)	(7)		(8)	* Other	Deductions				(9)	
	CDING					WED				_				DE	2) Local Tax 2 3) Other Deductio				NET WAGES			
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, 0		31	1 S WOR	2 KED	3 FACE		5	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare		OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.	
JUAN F. GUZMAN	2 > 11	Carpenter: Drywl	D	1	0	0	0	0	0	0	0.00	0.00 0.00	1109.37	TIOA	IAA	OWIT	Wedicare	1)	0.00	DEDUCTIONS	Oncon rici	
OO/ (IV I : GOZIVI/ (IV	0	Hang/Frm/Sft F	0		0	0	0	-	0	0	0.00	0.00 0.00	/	65.47	99.26	46.07	15.32	2)	0.00	493.89	615.49	
			s	1	0.50	0 00 4		0 00	0	-			1109.38	65.47	99.26	46.07	15.32	3)	267.77	493.69		
(b) (6)				0	8.50	8.00 1	1.00	8.00	٥	٥	35.50	26.81 4.44	1109.38					$\perp$			42655	
Fringe Detail: Health Insurance: \$13 Other Deduction Detail: Dental: 6.18			(K) I	oan:	96 U	5 Hos	alth In	neura	nce.	17 2°	2											
Other Deduction Detail. Defical. 0.10	VISIOII.	7.30, 40111. 110.34, 401	(14)	_oan.	30.0	0, 1166	21U1 II	isura	1100	71.2								—				
DAVID W. NIPPER		Operator: Excavator	D	0	0	0	0	0	0	0	0.00	0.00 0.00	996.62					1)	0.00	I		
	2		0	0	0.50	0	0.50	0	0	0	1.00	37.37 7.25		73.44	102.89	74.67	17.18	2)	0.00 116.95	385.13	849.49	
(b) (6)			s	0	8.00	8.00	8.00	8.00	0	0	32.00	22.50 7.25	1234.62					3)	110.95	  -	43036	
Fringe Detail: Health Insurance: \$12	1.77/\$3.6	9													1							
Other Deduction Detail: Dental: 6.18	Vision:	7.38, 401K: 59.50, Heal	th In	surar	ce: 4	3.89																
JOSE V. ZELAYA		Carpenter: Drywl Hang/Frm/Sft F	D		0	0	0	0	0	0	0.00	0.00 0.00	180.84					1)	0.00	ı		
	0	l angri miron	0	0	0	0	0	0	0	0	0.00	0.00 0.00		51.90	83.06	53.71	12.14	3)	76.37	277.18	631.66	
(b) (6)			S	0	0	0	6.00	0	0	0	6.00	26.81 3.33	908.84							  -	42705	
Fringe Detail: Health Insurance: \$28.	80/\$4.80																					

Other Deduction Detail: Dental: 3.42, Vision: 4.61, Health Insurance: 68.34

Date July 28th, 2016	WANTED FRINGS DENESTED ARE RAID IN CARL
	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Lisa Christian Payroll Clerk (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS
Baker DC #03-300-0100 (a sub of Baker DC LLC.) on the (Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
30th day of May , 2016 , and ending the 5th day of June , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Baker DC #03-300-0100 (a sub of Baker DC LLC.) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, 401(K) Loan, 401K, Dental, Health Insurance, Vision	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Revised Payroll #3.1
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Lisa Christian, Payroll Clerk (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 13)  Baker DC #03-300-0100										ADDRESS 1110 Vermont Avenue. NW Washington, DC 20005											
PAYROLL NO.		FOR WEEK EN	IDIN	3								AND LOCA					PROJEC	OT C	R CONTRA	ACT NO.	
4.1		06/12/2016									esign/B /ashingt		storic Center	· Building,	Phase 2		G14.3	13-	1400/GS	5-11P-14-M	M-C-0011
(1)	(2)	(3)			(4	) DAY	AND	DATE			(5)	(6)	(7)		(8)	* Othe	r Deductions				(9)
	LDING	I⊨L				WED 1	ГНИ							DE	2) Local Ta 3) Other De				NET WAGES		
NAME, ADDRESS, AND Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, (	_	7	8 WOR	9			12	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT	FICA	WITH- HOLDING	SWH	Medicare	T	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
JUAN F. GUZMAN	2>11	Carpenter: Drywl	D				ام	LACII	اما	0	0.00	0.00 0.00	611.63	1	TAX	SWII	ivieuicare	1)	0.00	DEDUCTIONS	Oncor 10.
JUANT GUZIMAN	0	Hang/Frm/Sft F	$\vdash$	1.00	0	0	0	1.50	0	0	2.50	40.21 4.44	1 /	97.63	174.04	74.74	22.83	2)	0.00	665.69	980.95
(b) (6)			s	8.00	0	0	0	8.00	0	0	16.00	26.81 4.44	1646.64					,	200.10		43183
Fringe Detail: Health Insurance: \$6 Other Deduction Detail: Dental: 6.			(K) L	.oan: ٩	96.05	i, Hea	lth Ir	nsura	nce:	65.84	1										
DAVID W. NIPPER		Operator: Excavator	D	o	0	0	0	0	0	0	0.00	0.00 0.00	238.00					1)	0.00		
	2		0	0	0	0	0	0	0	0	0.00	0.00 0.00		90.23	143.51	95.66	21.10	3)	0.00 136.24	486.74	1037.94
(b) (6)			S	0	0	0	0	8.00	0	0	8.00	22.50 7.25	1524.68					"	100.24		43552
Fringe Detail: Health Insurance: \$2 Other Deduction Detail: Dental: 6.		'.38, 401K: 59.50, Healt	h In:	suranc	ce: 60	3.18							,			•					
														•					1		
CRUZ H. RAMOS		Laborer/Skilled	D	0	0	0	0	0	0	0	0.00	0.00 0.00	240.23					1)	0.00		
	2		1	1.00	0	0	0	0	0	0	1.00	32.73 3.66		54.23	65.34	55.27	12.68	3)	90.63	278.15	682.08
(b) (6)			S	8.00	0	0	0	0	0	0	8.00	21.82 3.66	960.23					$\perp$			279079
Fringe Detail: Health & Welfare: \$3		EO Vision, E OZ Dontoli		7																	

Other Deduction Detail: Health Insurance: 81.59, Vision: 5.07, Dental: 3.97

Date July 28th, 2016	(I) WILLIEDE EDINOE DENIEFITO ADE DAID IN CACIL
	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, <u>Lisa Christian</u> Payroll Clerk (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.
Baker DC #03-300-0100 (a sub of Baker DC LLC.) on the	(c) EXCEPTIONS
(Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
6th day of June , 2016 , and ending the 12th day of June , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Baker DC #03-300-0100 (a sub of Baker DC LLC.) from the full	
(Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, 401(K) Loan, 401K, Dental, Health Insurance, Vision	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Revised Payroll #4.1
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Lisa Christian, Payroll Clerk (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 13)  Baker DC #03-300-0100  Det:								,	ADDRESS 1110 Vermont Avenue. NW Washington, DC 20005											
PAYROLL NO.		FOR WEEK EN	NDIN	G							AND LOCAT					PROJEC	от с	R CONTRA	ACT NO.	
							Design/B Vashingt		toric Center	Building,		G14.313-1400/GS-11P-14-MM-C-0011								
(1) NAME. ADDRESS. AND	NO. OF WITHHOLDING (C EXEMPTIONS (C)	(3) WORK	, OT or DT	12	TUE	VED TI	HU FRI	SAT	SUN	(5)	(6)	(7)	DE	(8) DUCTIONS	* Othe	r Deductions	2)	Local Tax Local Tax : Other Ded	2	(9) NET WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHH EXEMP	CLASSIFICATION	ST,	$\perp$			ED EAC			TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	١,	OTHER*	TOTAL DEDUCTIONS	FOR WEEK/
JUAN F. GUZMAN	0	Carpenter: Drywl Hang/Frm/Sft F	D 0 S				0 0 .50 1.50 .00 8.00		0 0	0.00 7.00 40.00	0.00 0.00 40.21 4.44 26.81 4.44	1562.58 1922.58	114.86	228.14	91.07	26.86	1) 2) 3)		759.38	1163.20 43949
Fringe Detail: Health Insurance: \$1 Other Deduction Detail: Dental: 6.1			(K) L	₋oan: 9	96.05,	Healt	th Insu	rance:	63.8	4		•								
DAVID W. NIPPER	2	Operator: Excavator	D 0 S		0 0 9.00	0 0 0 8.	0 0	0 0	0 0	0.00 0.00 25.50	0.00 0.00 0.00 0.00 22.50 7.25	758.62 1279.26	75.46	107.79	77.20	17.65	1) 2) 3)	0.00 0.00 128.93	407.03	872.23 189944083
Fringe Detail: Health Insurance: \$9 Other Deduction Detail: Dental: 6.1	-					.87			- 1			V		I	I	1	_			
CRUZ H. RAMOS	2	Laborer/Skilled	D 0 S	0	0 0 8.50	0 0	0 0 0 0.50 0 7.50		0 0	0.00 0.50 16.00	0.00 0.00 32.73 3.66 21.82 3.66	425.87 965.88	54.64	66.33	55.78	12.78	1) 2) 3)	0.00 0.00 89.64	279.17	686.71 279389
Fringe Detail: Health Insurance: \$6	•	07 Health Incurance:	80 E	0	•		•		•											

Date July 28th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Lisa Christian Payroll Clerk (Name of Signatory Party) (Title)  do hereby state:	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.</li> </ul>
(1) That I pay or supervise the payment of the persons employeed by	(c) EXCEPTIONS
Baker DC #03-300-0100 (a sub of Baker DC LLC.) on the (Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
13th day of June , 2016 , and ending the 19th day of June , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Baker DC #03-300-0100 (a sub of Baker DC LLC.) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, 401(K) Loan, 401K, Dental, Health Insurance, Vision	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Revised Payroll #5.2
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Lisa Christian, Payroll Clerk (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date July 14th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Lisa Christian Payroll Clerk	Each laborer or mechanic listed in the above referenced payroll has been paid, as
(Name of Signatory Party) (Title) do hereby state:	indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employeed by	(c) EXCEPTIONS
Baker DC #03-300-0100 (a sub of Baker DC LLC.)  (Contractor or Subcontractor)  on the	(5) 27.621. 115.115
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
20th day of June , 2016 , and ending the 26th day of June , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Baker DC #03-300-0100 (a sub of Baker DC LLC.) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	DEMANA
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11P-14-MM-C-0011, Payroll #6 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Lisa Christian, Payroll Clerk (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

ME OF CONTRACTOR ✓ Wage DC140002 (Mod. 13)												1110 Ve	rmont Avenu	ue. NW								
Baker DC #03-300-0100		Det:			`		,					Washing	gton, DC 200	005								
PAYROLL NO.		FOR WEEK EN	NDIN	G								AND LOCAT					PROJEC	T OR CONTR	ACT NO.			
7.0		07/03/2016									Design/Build of Historic Center Building, Phase 2 Washington, DC							G14.313-1400/GS-11P-14-MM-C-0011				
(1)	(2)	(3)			(-	4) DAY	AND	DATE			(5)	(6)	(7)	DE.	(8) DUCTIONS	* Other	Deductions	- 1) Local Tax 2) Local Tax		(9)		
	DING		I⊨L			WED	THU	THU FRI SAT SUN		SUN				DE	DUCTIONS			3) Other Dec		NET WAGES		
NAME, ADDRESS, AND Identification Number	NO. OF WITHHOLDING EXEMPTIONS	WORK CLASSIFICATION	ST, O	27	28	29	30	1	2	3	TOTAL	RATE	GROSS AMOUNT		WITH-					PAID FOR WEEK		
OF EMPLOYEE	8 ≥ Z	OE/ROOM TO/KITOR		H	IOUR	S WOR	KED	EACH	H DAY	1	HOURS	OF PAY	EARNED	FICA	HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS			
MARVIN ALVAREZ GALVEZ		Carpenter: Drywl Hang/Frm/Sft F	D		0	0	0	0	0	0	0.00	0.00 0.00	101.19		Ì		ĺ	1) 0.00	1			
	1	Trang/Tim/Oit i	0	0	0	0	0	0	0	0	0.00	0.00 0.00		16.27	114.03	55.19	69.53	(2) 0.00 (3) 19.74	07476	866.43		
(b) (6)			S	0	3.00	0	0	0	0	0	3.00	26.81 6.92	1141.19							44789		
Fringe Detail: Health Insurance: \$3.63/ Other Deduction Detail: Health Insuran		74																				
DENIS N. CANALES FLORES	0	Carpenter: Drywl Hang/Frm/Sft F	D 0		0	0	0	0	0	0	0.00	0.00 0.00	196.26	46.06	96.01	55.99	10.77	1) 0.00 2) 0.00 3) 44.23	050.00	533.95		
(b) (6)			s	0	6.00	0	0	0	0	0	6.00	26.81 5.90	787.01					,20		44795		
Fringe Detail: Health Insurance: \$13.38 Other Deduction Detail: Dental: 1.70, H																						
EFREN J. PEREZ SANCHEZ	1	Laborer/Skilled	D 0	0	0	0	0	0	0	0	0.00	0.00 0.00	80.25	6.41	39.20	20.62	27.40	1) 0.00 2) 0.00 3) 168.33	004.00	208.29		
(b) (6)			s	0	3.00	0	0	0	0	0	3.00	21.82 4.93	470.25					3) 100.55		280031		
Fringe Detail: Health Insurance: \$6.12/ Other Deduction Detail: Dental: 3.97, F		nsurance: 24.36, Child S	Supp	ort: 1	138.0	0, Chil	ld Su	ıpport	t Fee	e: 2.0	00	,	γ									
WALTER A. VELASQUEZ AMAYA		Carpenter: Drywl Hang/Frm/Sft F	D		0	0	0	О	0	0	0.00	0.00 0.00	84.69					1) 0.00	1			
	2	inang/inii/oiti	0		0	0	0	0	0	0	0.00	0.00 0.00		90.35	152.68	73.45	21.13	2) 0.00 3) 139.91	477.52	1119.68		
(b) (6)			S	0	3.00	0	0	0	0	0	3.00	26.81 1.42	1597.20				<u></u>			448214535		
Fringe Detail: Health Insurance: \$20.13 Other Deduction Detail: Dental: 6.18, H																						

Date July 18th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, Lisa Christian Payroll Clerk (Name of Signatory Party) (Title)	Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.  (c) EXCEPTIONS
Baker DC #03-300-0100 (a sub of Baker DC LLC.) on the (Contractor or Subcontractor)	(c) EXCEPTIONS
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
27th day of June , 2016 , and ending the 3rd day of July , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Baker DC #03-300-0100 (a sub of Baker DC LLC.) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, Child Support, Child Support Fee, Dental, Health Insurance	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Payroll #7
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Lisa Christian, Payroll Clerk (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date <u>July 20th, 2016</u>	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
La Line Obstation	
I, Lisa Christian Payroll Clerk (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employeed by	•
Baker DC #03-300-0100 (a sub of Baker DC LLC.) on the	(c) EXCEPTIONS
(Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
4th day of July . 2016 , and ending the 10th day of July . 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Baker DC #03-300-0100 (a sub of Baker DC LLC.) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11P-14-MM-C-0011, Payroll #8 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Lisa Christian, Payroll Clerk (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date <u>July 20th, 2016</u>	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
Description	
I, Lisa Christian Payroll Clerk (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employeed by	•
Baker DC #03-300-0100 (a sub of Baker DC LLC.) on the	(c) EXCEPTIONS
(Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
11th day of July . 2016 , and ending the 17th day of July . 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Baker DC #03-300-0100 (a sub of Baker DC LLC.) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11P-14-MM-C-0011, Payroll #9 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Lisa Christian, Payroll Clerk (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Baker DC #03-300-0100	Wage DC14 Det:	10002 (Mod. 13)	ADDRESS 1110 Vermont Avenue. NW Washington, DC 20005										
PAYROLL NO. 10.0	PROJECT AND LOCATION Design/Build of Hist Washington, DC		Building, P	hase 2			or contr 3-1400/GS	ACT NO. S-11P-14-M	M-C-0011				
(1) (2) 9NNOL	(3) WORK	(4) DAY AND DATE  MON TUE WED THU FRI SAT SUN	(5) (6)	(7)	(8) * Other DEDUCTIONS				1) Local Tax 2) Local Tax 3) Other Ded	2	(9) NET WAGES		
NAME, ADDRESS, AND Identification Number OF EMPLOYEE  NAME, ADDRESS, AND OF EMPLOYEE	CLASSIFICATION	18 19 20 21 22 23 24 HOURS WORKED EACH DAY	TOTAL RATE HOURS OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.		
JUAN F. GUZMAN  0	Hang/Frm/Sft F	D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 1.00 40.21 4.44 16.00 26.81 4.44	1332.16	78.71	129.62	57.71	18.41	1) 0.00 2) 0.00 3) 288.14	572.59	759.57 46621		
Fringe Detail: Health & Welfare: \$62.73/\$3.69 Other Deduction Detail: Dental: 6.18, Vision: 7	.38, 401K: 122.00, 401(K)	) Loan: 96.05, Health Insurance: 56.6	53										
DAVID W. NIPPER 2		D 0 0 0 0 0 0 0 0 O 0 0 0 0 3.25 0 0 S 0 0 0 8.00 4.75 0 0	0.00 0.00 0.00 3.25 44.62 0.00 12.75 29.75 0.00	524.34	78.83	115.91	81.40	18.43	1) 0.00 2) 0.00 3) 130.58		909.88 46763		
Fringe Detail: Health Insurance: \$59.04/\$3.69 Other Deduction Detail: Dental: 6.18, Vision: 7	.38, 401K: 59.50, Health I	nsurance: 57.52											
CHARLES L. ROBINSON  1  Other Deduction Detail: Child Support: 90 00 0	3	D 0 0 0 0 0 0 0 0 0 O 0 0 0 0 0 0 0 0 S 0 0 0 8.00 8.00 0 0	0.00 0.00 0.00 0.00 0.00 0.00 16.00 21.82 6.97	900.64	55.84	113.55	63.65	13.05	1) 0.00 2) 0.00 3) 92.00		562.55 281101		

Date <u>July 27th, 2016</u>	(b) WHIFDE EDINGE DENEFITS ADE DAID IN CASH
	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, <u>Lisa Christian</u> Payroll Clerk (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.
Baker DC #03-300-0100 (a sub of Baker DC LLC.)	(c) EXCEPTIONS
(Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
18th day of July , 2016 , and ending the 24th day of July , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Baker DC #03-300-0100 (a sub of Baker DC LLC.) from the full	
(Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
FICA, FWH, Medicare, State Tax, 401(K) Loan, 401K, Child Support, Child Support Fee, Dental, Health Insurance, Vision	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the	REMARKS Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Payroll #10
applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Lisa Christian, Payroll Clerk (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

## **PAYROLL**

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR										l ad	DRESS	1110 Ve	rmont Avenu	ıe NW							
Baker DC #03-300-0100 Det:									Washington, DC 20005												
PAYROLL NO. FOR WEEK ENDING									PROJECT AND LOCATION Design/Build of Historic Center Building, Phase 2  CAA 242 4400/CS 44 B 44 MMA C 0044												
11.1		07/31/2016	; 								sign/Bu ashingt		toric Center	Building,	Phase 2		G14.3	13-140	00/GS	6-11P-14-M	M-C-0011
(1)	(2)	(3)	占		(4	4) DAY A	AND	DATE			(5)	(6)	(7)		(8)	* Other	Deductions		al Tax		(9)
	SNS		5	MON	TUE	WED T	HU	FRI S	SAT SI	UN				DE	DUCTIONS			,		Z luctions	NET
NAME, ADDRESS, AND	FECT N	WORK	ST, OT	25	26	27 2	28	29 3	30 3	- 1			GROSS		WITH-		l	T			WAGES PAID
Identification Number OF EMPLOYEE	NO. OF WITHHOLDING EXEMPTIONS	CLASSIFICATION	0)		OUR	S WORK	(ED	EACH	DAY		TOTAL HOURS	RATE OF PAY	AMOUNT EARNED	FICA	HOLDING TAX	SWH	Medicare	OTH	HER*	TOTAL DEDUCTIONS	FOR WEEK/ Check No.
LUIS A. CASTRO CHAVEZ		Operator: Excavator	D	0	0	0	0	0	0	0	0.00	0.00 0.00	264.00	'				1)	0.00		
	3		0	0	0	0	0	0	0	0	0.00	0.00 0.00		105.37	177.38	87.40	24.64	3)	0.00 26.57	421.36	1302.40
(b) (6)			S	0	0	8.00	0	0	0	0	8.00	33.00 0.00	1723.76					'			281387
Fringe Detail: Health Insurance: \$9.68/5 Other Deduction Detail: Dental: 1.70, V		.31, Health Insurance:	22.5	6																	
JUAN F. GUZMAN		Carpenter: Drywl Hang/Frm/Sft F	D		0	0	0	0	0	0	0.00	0.00 0.00	1406.29					1)	0.00		
	0		0		0		.50	0	0	0	3.50	40.21 4.44		83.58	140.97	62.06	19.54	1 '	87.81	593.96	813.54
(b) (6)			S	8.00	8.00	8.00 8	.00	8.00	0	0	40.00	26.81 4.44	1407.50							<u> </u>	46955
Fringe Detail: Health & Welfare: \$160.5 Other Deduction Detail: Dental: 6.18, V			(K) L	_oan:	96.0	5, Heal	th Ir	nsuran	nce: 5	3.20											
DAVID W. NIPPER		Operator: Excavator	D	0	0	0	0	0	0	0	0.00	0.00 0.00	238.00					1)	0.00		
	2		0	0	0	0	0	0	0	0	0.00	0.00 0.00		16.40	94.81	70.49	70.10	2) 3) 1:	26.26	270.00	811.96
(b) (6)			S	8.00	0	0	0	0	0	0	8.00	29.75 0.00	1190.02					'			47403
Fringe Detail: Health Insurance: \$29.52 Other Deduction Detail: Dental: 6.18, V			th Ins	surano	ce: 5	3.20		·	·	•											
FREDIS A. OLIVA BOLANOS		Laborer/Skilled	D	0	0	o	0	0	0	0	0.00	0.00 0.00	460.64					1)	0.00		
	2		0	0	0	0	0	0	0	0	0.00	0.00 0.00		60.61	80.78	45.89	14.18	2)	0.00	201.46	776.18
(b) (6)			S	8.00	8.00	0	0	0	0	0	16.00	21.82 6.97	977.64					,	0.00		281511

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

## **PAYROLL**

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR OR SUBCONTRACTOR Wage DC140002 (Mod. 13)  Baker DC #03-300-0100  Det:										P	ADDRESS		rmont Avenu gton, DC 200									
11.1									D	PROJECT AND LOCATION Design/Build of Historic Center Building, Phase 2 Washington, DC  PROJECT OR CONTRACT NO. G14.313-1400/GS-11P-14-MM-C-0								M-C-0011				
(1) NAME. ADDRESS. AND	NO. OF WITHHOLDING (C) EXEMPTIONS	(3) WORK		OT or DT	MON 25	(4) D TUE WE	D TH		RI SA	AT SL	_	(5)	(6)	(7)	(8) * Other DEDUCTIONS		Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions				(9) NET WAGES	
Identification Number OF EMPLOYEE	NO. OF WITHHO EXEMP	CLASSIFICATI	ON	ST,		26   2 OURS W					1	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH- HOLDING TAX	SWH	Medicare	OTHE	:R*	TOTAL DEDUCTIONS	PAID FOR WEEK/ Check No.
CRUZ H. RAMOS	2	Laborer/Skilled		D O S	0 0	0 0	0 0 11.0	0 (	0	0 0	0 0	0.00 0.00 11.00	0.00 0.00 0.00 0.00 21.82 3.66	280.28 831.53	46.93	47.67	46.14	10.97	2) (	0.00 0.00 9.69	231.40	600.13 281286
Fringe Detail: Health Insurance: \$40.26/\$3.66 Other Deduction Detail: Dental: 3.97, Vision: 5.07, Health Insurance: 70.65																						
CHARLES L. ROBINSON  (b) (6)  Other Deduction Detail: Child Support	1	Laborer/Skilled		D O S	0 0 8.00	0 0 8.00 8.0	0 2.5		0	0 0	0 0	0.00 2.50 32.00	0.00 0.00 32.73 6.97 21.82 6.97	1020.53	80.63	213.52	95.44	18.86	2) (	0.00 0.00 2.00	500.45	800.08 281447

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Date August 8th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
L. Lies Christian Payrell Clark	(b) WHERE PRINGE BENEFITS ARE FAID IN CASH
I, Lisa Christian Payroll Clerk (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employeed by	(c) EXCEPTIONS
Baker DC #03-300-0100 (a sub of Baker DC LLC.)	(b) EXOLITIONS
(Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
25th day of July , 2016 , and ending the 31st day of July , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Baker DC #03-300-0100 (a sub of Baker DC LLC.) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:  FICA, FWH, Medicare, State Tax, 401(K) Loan, 401K, Child Support, Child Support	
Fee, Dental, Health Insurance, Vision	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than th applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11P-14-MM-C-0011, Wage Decision #DC140002 Mod 13 08/08/14,Revised Payroll #11.1
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticesh program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	ip
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Lisa Christian, Payroll Clerk (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date <u>August 10th, 2016</u>	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
L. Lica Christian Payrall Clark	``
I, Lisa Christian Payroll Clerk (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.
Paker PC 403 200 0400 /a cub of Paker PC LLC \	(c) EXCEPTIONS
Baker DC #03-300-0100 (a sub of Baker DC LLC.) on the (Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
Baker DC #03-300-0100 (a sub of Baker DC LLC.) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11P-14-MM-C-0011, Payroll #12 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	Lisa Christian, Payroll Clerk (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date June 13th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, VICKI KRAUS Payroll Supervisor	
(Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) on the (Contractor or Subcontractor)	(c) EXCEPTIONS
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
30th day of May , 2016 , and ending the 5th day of June , 2016 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11P-14-MM-C-0011, Payroll #41 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	VICKI KRAUS, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date June 20th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
L MOVIVANA	(b) WHERE PRINGE BENEFITS ARE FAID IN CASH
I, VICKI KRAUS (Name of Signatory Party)  Payroll Supervisor (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employeed by	
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) on the (Contractor or Subcontractor)	(c) EXCEPTIONS
,	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
6th day of June , 2016 , and ending the 12th day of June , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) from the full	
(Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11P-14-MM-C-0011, Payroll #42 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	VICKI KRAUS, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date <u>June 27th, 2016</u>	(A) MILEDE EDINOE DENEETTO ADE DAID IN CACIL
	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, VICKI KRAUS Payroll Supervisor (Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employeed by	
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) on the (Contractor or Subcontractor)	(c) EXCEPTIONS
,	
<u>Design/Build of Historic Center Building,</u> ; that during the payroll period commencing on the Phase 2 (Building or Work)	
13th day of June , 2016 , and ending the 19th day of June , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than th applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11P-14-MM-C-0011, Payroll #43 - No Work Performed le
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticesh program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	nip
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	VICKI KRAUS, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date <u>July 5th, 2016</u>	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _VICKI KRAUS Payroll Supervisor	
(Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) on the (Contractor or Subcontractor)	(c) EXCEPTIONS
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
20th day of June , 2016 , and ending the 26th day of June , 2016 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11P-14-MM-C-0011, Payroll #44 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	VICKI KRAUS, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date July 9th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _VICKI KRAUS Payroll Supervisor	· · · _
(Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.
PALTIMORE WATERPROCEING (a cub of Crupley Construction Company Inc.)	(c) EXCEPTIONS
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) on the (Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
27th day of June , 2016 , and ending the 3rd day of July , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS  Contract #GS-11P-14-MM-C-0011, Payroll #45 - No Work Performed
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GG TH T4 MM G GGT1, Taylon #46 Tto Work Tolloring
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	VICKI KRAUS, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date July 21st, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, VICKI KRAUS Payroll Supervisor	
(Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) on the	(c) EXCEPTIONS
(Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
4th day of July , 2016 , and ending the 10th day of July , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS  Contract #GS-11P-14-MM-C-0011, Payroll #46 - No Work Performed
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11F-14-WINFC-0011, Payroll #40 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	VICKI KRAUS, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date <u>July 21st, 2016</u>	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, _VICKI KRAUS Payroll Supervisor	
(Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the
(1) That I pay or supervise the payment of the persons employeed by	contract, except as noted in Section 4(c) below.
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) on the (Contractor or Subcontractor)	(c) EXCEPTIONS
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
11th day of July , 2016 , and ending the 17th day of July , 2016 all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11P-14-MM-C-0011, Payroll #47 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	VICKI KRAUS, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date August 2nd, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, VICKI KRAUS Payroll Supervisor	
(Name of Signatory Party) (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employeed by	
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) on the	(c) EXCEPTIONS
(Contractor or Subcontractor)	
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
18th day of July , 2016 , and ending the 24th day of July , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) from the full	
(Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS  Contract #GS-11P-14-MM-C-0011, Payroll #48 - No Work Performed
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	VICKI KRAUS, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date August 8th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
L VICKLIADATIC Pourell Constrainer	(b) WHERE I KINGE BENEFITO ARE I AID IN GAOTI
I, VICKI KRAUS (Name of Signatory Party)  Payroll Supervisor (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employeed by	
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) on the (Contractor or Subcontractor)	(c) EXCEPTIONS
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
25th day of July . 2016 , and ending the 31st day of July . 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
	REMARKS
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	Contract #GS-11P-14-MM-C-0011, Payroll #49 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	VICKI KRAUS, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

Date August 15th, 2016	(b) WHERE FRINGE BENEFITS ARE PAID IN CASH
I, VICKI KRAUS (Name of Signatory Party)  Payroll Supervisor (Title)	<ul> <li>Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic</li> </ul>
do hereby state:	hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.
(1) That I pay or supervise the payment of the persons employeed by	(c) EXCEPTIONS
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) on the (Contractor or Subcontractor)	(c) EXOLI HONG
Design/Build of Historic Center Building, ; that during the payroll period commencing on the Phase 2 (Building or Work)	
1st day of August , 2016 , and ending the 7th day of August , 2016	
all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or no behalf of said	
BALTIMORE WATERPROOFING (a sub of Grunley Construction Company Inc.) from the full (Contractor or Subcontractor)	
weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Start. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:	
(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.	REMARKS Contract #GS-11P-14-MM-C-0011, Payroll #50 - No Work Performed
(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.	
(4) That:	
(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS	NAME AND TITLE: SIGNATURE
in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the	VICKI KRAUS, Payroll Supervisor (b) (6)
above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.	THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.